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PLEASE READ ALI	N_{i}	TRI	o	BF	= 9	DMP ETING	THIS FORM

PLEASE READ AL				DIVITED IN STORY	.141.		
LIMIZED PARTNERSHIP REINSTATEMENT	L RICE DEP AT Katherin Secretary DIVISION OF CO	of State	Ē	FILE 02 MAR 20	- PM 4:		
DOCUMENT # A 33005 1. Name of Limited Partnership		SECRETARY OF STATE TABLAHASSEE, FEORIDA					
Florida Town Place Limited Part		9000051710599 -03/27/0201016003 **********************************					
2. Principal Office Address C/O AEW Capital Management, L.P		4. Date Formed or Registered To Do Business in Florida May 28, 1992					
suite, Apt. #, etc. S World Trade Center East Two Seaport Lane	Suite, Apt. #, etc.			5. FEI Number Applied For Not Applicable 6. \$8.75 Additional Fee required			
Boston, Massachusetts		CERTIFICATE OF STATUS DESIRED (Sold Additional Fee required for a Certificate of Status) 7a. Capital Contributions as shown on Record:					
Zip Country 2 02210 USA	Zip	Country		\$6,152,850 7b. Amount of Capital Contributions in		lo date:	
8. Name and Address of Cu	ırrent Registered Agen	<u> </u>		\$6,152,850			
Name CT Corporation System Streel Address (P.O. Box Number is Not Acceptable) c/o CT Corporation System, 1200 S Suite, Apt. #, Etc.		FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Feels): \$500 penalty fee for each year report form is delinquent. Note, If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.					
9. Pursuant to the provisions of sections 620,1051 and 620,192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. CONNE BRYAN SPECIAL ASSISTANT SECRETARY							
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS		Y					CR2E039 (11/99)
MUST E	BE REGISTERE	D AND ACTIV	/E W	ITH THIS OFFICE.	JOUINE	-00 E(())) (
10. Name(s) of General Partner(s)	Address of Each (Do NOT Use Post C			City, State and Zip Code	10a.	Registration Document Number	
Eastrich No. 90 Corporation	c/o AEW Capital Management, L.P.			ston, Massachsuetts 02210	P3874	3	
ADM - 1500.00	World Trade Center East Two Seaport Lane			900005	1 6	(059	1
ARJUPD 266,25	700 500	sa siktude es beze		-03/27 ***30	/02∸- 78.75	01016004 ***3078.7	\$
CERT 8.75	REPOTATE			TENT 2000-2	00	2	
\$ 3087.50	s changed on th			(M) (v)		neral partner.	
I NAME CANALS DARROUS MAY NOT be	nt no paparan a	s torm: an ame	rnam	ent must -ne filed to coand	.e. a 001	nerai Datifier.	

ped or Printed Name of General Parties Signing Form James J. Funegar, V.P. of Gastrul No. Telephone Number 617-261-9000

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(ii) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath, I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.

March //

2002

SIGNATURE