

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 FEB -4 AM 11:13

<b>1. Name of Limited Partnership</b> Post, Prunty + Gross Limited Partnership	<b>1a. DOCUMENT #</b> A 98 000 00 2442
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<b>Mailing Address</b> 328 Commonwealth Ave Boston, MA 02115	<b>Principal Office Address</b> (same)	<b>3. Date Formed or Registered</b> 10/27/98	<b>5a. Capital Contributions as Shown on record</b> 15,000
<b>2. Mailing Address</b> 328 Commonwealth Ave. Suite, Apt. #, etc.	<b>2a. Principal Office Address</b> (same)	<b>3a. Date of Last Report</b> none	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> none
<b>City &amp; State</b> Boston, MA	<b>City &amp; State</b> (same)	<b>4. State or Country of Formation</b> FL	<b>6. FEI Number</b> 58-2431186
<b>Zip</b> 02115	<b>Country</b> SUFFOLK	<b>7. Certificate of Status Desired</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b> \$8.75 Additional Fee Required

<b>9. Name and Address of Current Registered Agent</b> IRMA Gross 6080 Huntwick Terrace Suite 308 DELRAY, FL 33484	<b>10. If changed, new Registered Agent/Office</b> Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite, Apt. #, etc. <del>200002763492</del> City <del>02/09/99-01058-003</del> <b>FL</b> <del>00000202.50</del>
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**10a.** 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.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_

DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b> Birring, Inc.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 328 Commonwealth Ave	<b>11b. City, State &amp; Zip Code</b> Boston, MA 02115	<b>11c. Registration/Document Number</b> F98000005891
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I declare under oath 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.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

CR2E003 (8/98)