

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 17 PM 12:17

1. Name of Limited Partnership

1a. DOCUMENT #
B93000000294

MIF HOLDINGS, LIMITED PARTNERSHIP

Mailing Address

~~C/O ALDRICH EASTMAN & WALTON, L.P.~~
225 FRANKLIN STREET
BOSTON MA 02110

Principal Office Address

32 LOOCKERMAN SQUARE, SUITE L-100
DOVER DE 19901

3. Date Formed or Registered

07/15/1993

5a. Capital Contributions as Shown on record.

\$4,926,000.00

3a. Date of Last Report

12/27/1996

5b. Amount of Capital Contributions in FL from 1/1/97 to date.

4. State or Country of Formation

DE

2. Mailing Address

c/o AEW Capital Management

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

04-3177219

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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.

11. Name(s) of General Partner(s)

EASTRICH NO. 105 CORPORATION

11a. Address of Each General Partner (Do NOT Use Post Office Box Number(s))

C/O 225 FRANKLIN STRE

11b. City, State & Zip Code

BOSTON MA 02109

11c. Registration/Document Number

F93000000974

600002352346-1
-11/19/97-01098-019
****541.25 ****541.25

*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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR25003 (6/97)