

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR 14 PM 4: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
B93000000480

97-AR
CM

BERKSHIRE REALTY ENTERPRISES LIMITED PARTNERSHIP

Mailing Address 470 ATLANTIC AVE., STE. 1300 BOSTON MA 02210		Principal Office Address 470 ATLANTIC AVE., STE. 1300 BOSTON MA 02210		3. Date Formed or Registered 11/09/1993	5a. Capital Contributions as Shown on record. \$0.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 01/02/1996	
				4. State or Country of Formation MA	5b. Amount of Capital Contributions In FLORIDA to date:
				6. FEI Number 04-2717076 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information) 156.25	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST STE 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 700002150467--8 -04/22/97--01045--003 ***156.25 ***156.25 FL Zip Code
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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.

11. Name(s) of General Partner(s) THE BERKSHIRE COMPANIES LTD.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 470 ATLANTIC AVE., ST	11b. City, State & Zip Code BOSTON MA 02210	11c. Registration/ Document Number B93000000479
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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 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 Claire F. Umanzio DATE April 7, 1997
Assistant Treasurer
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number 617-423-2233

CR2E003 (1/96)