


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

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|---|--|--|--|--|--|
| LIMITED PARTNERSHIP ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED 97 DEC 16 PM 4:42 TALLAHASSEE, FLORIDA | |
| 1. Name of Limited Partnership | | 1a. DOCUMENT # B94000000200 | | | |
| ADVENT REALTY LIMITED PARTNERSHIP II | | | | | |
| Mailing Address 45 MILK STREET BOSTON MA 02190 | | Principal Office Address 45 MILK STREET BOSTON MA 02190 | | 3. Date Formed or Registered 05/31/1994 | 5a. Capital Contributions as Shown on record. \$10,317,055.00 |
| 2. Mailing Address C/o TA Associates Realty 45 Milk Street Boston, MA 02109 | | 2a. Principal Office Address C/o TA Associates Realty 45 Milk Street Boston, MA 02109 | | 3a. Date of Last Report 03/06/1997 | 5b. Amount of Capital Contributions in FLORIDA to date: |
| City & State Boston, MA | | City & State Boston, MA | | 4. State or Country of Formation DE | 6. FEI Number 04-3092357 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| Zip 02109 | | Zip 02109 | | 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) |

| | | | |
|---|---|--|---|
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | 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) ADVENT REALTY G.P. II LIMITE ADVENT REAL ESTATE INVESTMEN | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 45 MILK STREET 45 MILK STREET | 11b. City, State & Zip Code BOSTON MA 02190 BOSTON MA 02190 | 11c. Registration/Document Number B94000000207 F95000003085 |
| 700002376747- - J -12/18/97--01088--003 ****541.25 ****541.25 | | | |

Not6: 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 _____

Arthur T. Segel

Daytime Telephone Number _____

**11/24/97
617-338-4300**

CR2E003 (6/97)