

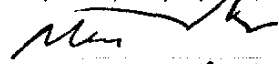


**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 MAR 13 PM 2:43 	
1. Name of Limited Partnership BEACON RESIDENTIAL MANAGEMENT LIMITED PARTNERSHIP		1a. DOCUMENT # B94000000220			
Mailing Address C/O THE BEACON COMPANIES 50 ROWES WHARF BOSTON MA 02110		Principal Office Address C/O THE BEACON COMPANIES 50 ROWES WHARF BOSTON MA 02110		3. Date Formed or Registered 06/13/1994 3a. Date of Last Report 12/15/1995 4. State or Country of Formation DE	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$990.00 5b. Amount of Capital Contributions in FLORIDA to date: <input type="checkbox"/> Applied For <input 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)	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET 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 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) BEACON RESIDENTIAL MANAGEMENT Corp		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 50 ROWES WHARF		11b. City, State & Zip Code BOSTON MA 02110	
				11c. Registration/Document Number F04000003089 000002114290--6 -03/17/97--01002--003 ****156.25 ****156.25 <i>Dec 156.25 (new bus)</i>	
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 600, Florida Statutes.					
SIGNATURE  DATE 3/6/97 Typed or Printed Name of General Partner Signing Form Michael R. Phillips Beacon Residential Management Corp Daytime Telephone Number 617 574-1163					

CR2E003 (11/96)