

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -2 PM 12: 32

1. Name of Limited Partnership

1a. DOCUMENT #
B94000000408



SOUTHEAST BRITTANY LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

C/O ESSEX PARTNERS
470 TOTTEN POND RD.
WALTHAM MA 02154

C/O ESSEX PARTNERS
470 TOTTEN POND RD.
WALTHAM MA 02154

3. Date Formed or Registered

10/11/1994

5a. Capital Contributions as
Shown on record

\$1,213,816.00

3a. Date of Last Report

11/17/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

DE

6. FEI Number

NOT APPLICABLE

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)

2. Mailing Address

C/o Northland Investment Corp
Suite, Apt. #, etc.
2150 Washington St
City & State
Newton MA
Zip Country
02162

2a. Principal Office Address

C/o Northland Investment Corp
Suite, Apt. #, etc.
2150 Washington St
City & State
Newton MA
Zip Country
02162

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 Zip Code
FL

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)

ESSEX SOUTHEAST PARTNERS INC

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

470 TOTTEN POND ROAD

11b. City, State & Zip Code

WALTHAM MA 02154

11c. Registration/
Document Number

F94000005273

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-01/22/97--01095--024
***576.25 ***576.25

KWM

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 Sect on 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

Robert S. Gatzf
Robert S. Gatzf

DATE 12/06/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (617) 487-9520

CR2E003 (6/96)