FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # B9800000145

FILED 92 DEC 31 PM 4: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA

BRI FLORIDA APARTMENTS LIMITED PARTNERSHIP				
Mailing Address	Principal Office Address	 	3. Date Formed or Registered	5a. Capital Contributions as
C/O BERKSHIRE GROUP 470 ATLANTIC AVENUE BOSTON, MA 02210	C/O CORPORATION SERVICE COMPANY 1013 CENTRE ROAD VALMINGTON DE 19805		03/06/1998 3a. Date of Last Report	Shown on record. - \$990.00
3. Mailing Address	2a. Principal Office Address		4. State or <u>Country</u> of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
Berkshire traity la, Inc. Suite, Apt. #, etc. One Feacon St. Suite 1550 Gibys State,	Suite, Apt. #, etc. City & State		6. FEI Number 04-3411904	Applied For Not Applicable
Zip Country	Zīp (Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
05/08			8, Make check payable to: Dept. of 3	State (See reverse side for fee information)
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
CORPORATION SERVICE COMPANY 1201 HAYS STREET		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.		
TALLAHASSEE FL 32301-2525		City		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 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)				
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)	11a. Address of Each General	Partner		11c. Registration/
BERKSHIRE APARTMENTS, INC. 470 ATLANTIC AVENUE One Beacon St., Swite 1550		BOSTON MAJ2210 C OD 108		F97000004345
•			7000027 -01/21/3 ****143	494676 901050024 1.25 ****141.25
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				

SIGNATURE

Typed or Printed Name of General Partner Signing Form

SENIOR VICE PRESIDENT

Daytime Telephone Numbe