2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
02 SEP 12 AM 10: 43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000145

1. Entity Name

BRI FLORIDA APARTMENTS LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
C/O BERKSHIRE REALTY HOLDINGS ONE BEACON STREET. SUITE 1500. LEGAL DEPT. BOSTON MA 02108	C/O BERKSHIRE REALTY HOLDINGS ONE BEACON STREET. SUITE 1500. LEGAL DEPT. BOSTON MA 02108

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 04-3411904 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $990.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M00000000301	STREET ADDRESS	
NAME	BERKSHIRE APARTMENTS, L.L.C.		
STREET ADDRESS	ONE BEACON STREET, SUITE 1500	CITY-ST-ZIP	600007798546--7
CITY-ST-ZIP	BOSTON MA 02108		-09/17/02--01040--016
DOCUMENT #		STREET ADDRESS	****541.25 ****541.25
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED Kenneth J. Richard 8/20/02 (617) 646-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (4/02)