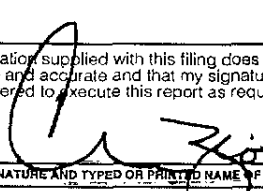


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 05, 2004 08:00 AM
Secretary of State

DOCUMENT # B98000000145					
1. Entity Name BRI FLORIDA APARTMENTS LIMITED PARTNERSHIP					
Principal Place of Business C/O BERKSHIRE REALTY HOLDINGS ONE BEACON STREET, SUITE 1500, LEGAL DEPT. BOSTON, MA 02108			Mailing Address 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	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 _____ DATE _____ Signature, typed or printed name of registered agent and title, if applicable.					
9. Capital Contributions as Shown on record. \$990.00			10. Amount of Capital Contributions in FLORIDA to date.		
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.		CITY - ST - ZIP		
STREET ADDRESS	ONE BEACON STREET, SUITE 1500				
CITY - ST - ZIP	BOSTON, MA 02108				
DOCUMENT #			STREET ADDRESS	000000000584	
NAME			CITY - ST - ZIP	02/23/04-80028-001 141.25	
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NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
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: 			Claire F. Umancio Asst. Treasurer		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			JAN 26 2004		
			617-523-7722		

STAPLE CHECK HERE