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

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

01072004 Chg-LP CR2E003 (10/03)

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.	

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	
CITY-ST-ZIP	BOSTON, MA 02108		
DOCUMENT #		STREET ADDRESS	U00000070584 02/28/04-80028-001 141.25
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STAPLE CHECK HERE

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] Claire F. Umanzio, Asst. Treasurer — JAN 26 2004 — 617-523-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #