2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 16, 2005 08:00 AM
Secretary of State

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

01252005 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

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	U00000230772 02/16/05-80002-013 141.25
NAME			
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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] **Claire F. Umanzio** **Asst. Treasurer** FEB 09 2005 617-523-7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #