

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 29, 2006 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**

DO NOT WRITE IN THIS SPACE



03172006 No Chg-LP

CRZE003 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**

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

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

DOCUMENT # **M00000000301**
NAME **BERKSHIRE APARTMENTS, L.L.C.**
STREET ADDRESS **ONE BEACON STREET, SUITE 1500**
CITY-ST-ZIP **BOSTON, MA 02108**

000000483350
04/11/06-80118-012 500.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. Umanzio
Asst. Treasurer

3/28/06

617-523-7122

STATE OF FLORIDA