102 **FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 15 AM 10:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F93000004830

1. Corporation Name
KGP-1 INCORPORATED

Principal Place of Business	Mailing Address
470 ATLANTIC AVENUE - SUITE 1300 BOSTON MA 02210	470 ATLANTIC AVENUE - SUITE 1300 BOSTON MA 02210

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 One Beacon Street	26 One Beacon Street
Suite, Apt. #, etc 22 Suite 1600, Tax Dept	Suite, Apt. #, etc 27 Suite 1500, Tax Dept
City & State 23 Boston, MA	City & State 28 Boston, MA
Zip / Country 24 02108 25	Zip / Country 29 02108 30

3. Date Incorporated or Qualified
10/22/1993

4. FEI Number
04-2962324 [ ] Applied For [ ] Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

000002814070--2
-03/23/99--01010--008
****150.00 ****150.00

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	[ ] DELETE	11 TITLE		[ ] Change [ ] Addition
NAME	KRUPP, DOUGLAS		12 NAME		
STREET ADDRESS	470 ATLANTIC AVENUE		13 STREET ADDRESS	One Beacon Street, Suite 1500	
CITY-ST-ZIP	BOSTON MA 02210		14 CITY-ST-ZIP	Boston, MA 02108	
TITLE	CD	[ ] DELETE	21 TITLE		[ ] Change [ ] Addition
NAME	KRUPP, GEORGE		22 NAME		
STREET ADDRESS	470 ATLANTIC AVENUE		23 STREET ADDRESS	One Beacon Street, Suite 1500	
CITY-ST-ZIP	BOSTON MA		24 CITY-ST-ZIP	Boston, MA 02108	
TITLE	AT	[ ] DELETE	31 TITLE	AT	[ ] Change [ ] Addition
NAME	FUMAZZIO, CLARIE		32 NAME	Umanzio, Claire F.	
STREET ADDRESS	470 ATLANTIC AVE.		33 STREET ADDRESS	One Beacon Street, Suite 1500	
CITY-ST-ZIP	BOSTON MA		34 CITY-ST-ZIP	Boston, MA 02108	
TITLE	S	[ ] DELETE	41 TITLE		[ ] Change [ ] Addition
NAME	SPELFOGER, SCOTT D		42 NAME		
STREET ADDRESS	470 ATLANTIC AVENUE		43 STREET ADDRESS	One Beacon Street, Suite 1500	
CITY-ST-ZIP	BOSTON MA		44 CITY-ST-ZIP	Boston, MA 02108	
TITLE	T	[ ] DELETE	51 TITLE		[ ] Change [ ] Addition
NAME	ZAROZNY, WAYNE		52 NAME	David Quade	
STREET ADDRESS	470 ATLANTIC AVENUE		53 STREET ADDRESS	One Beacon Street, Suite 1500	
CITY-ST-ZIP	BOSTON MA 02210		54 CITY-ST-ZIP	Boston, MA 02108	
TITLE		[ ] DELETE	61 TITLE		[ ] Change [ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)