

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

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

99 JAN 29 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # F94000002914**

1. Corporation Name  
**ADVENT REALTY, INC. OF SOUTH FLORIDA**

Principal Place of Business <b>28 STATE STREET 10TH FLOOR BOSTON MA 02109</b>	Mailing Address <b>28 STATE STREET 10TH FLOOR BOSTON MA 02109</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>06/03/1994</b>	
4. FEI Number <b>04-3092338</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEGEL, ARTHUR I	
STREET ADDRESS	28 STATE STREET	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	C	<input type="checkbox"/> DELETE
NAME	RUANE, MICHAEL A	
STREET ADDRESS	28 STATE STREET, 10TH FLOOR	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	NEHER, ANDREW M	
STREET ADDRESS	28 STATE STREET, 10TH FLOOR	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WEISS, ERICA H	
STREET ADDRESS	1200 19TH ST. N.W., STE. 400	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROSENTHAL, BARRY P	
STREET ADDRESS	1200 19TH ST. N.W., STE. 400	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SAKOWICH, KAREN L	
STREET ADDRESS	28 STATE STREET, 10TH FLOOR	
CITY-ST-ZIP	BOSTON MA 02109	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	28 State Street, 10th Floor
14 CITY-ST-ZIP	
21 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

*(Handwritten signature)*

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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 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

, Erica H. Weiss 01/28/99 (202) 778-6150  
Date Day/Time Phone #

CR2E034 (11/98)

2



ACCOUNT NO. : 072100000032  
 REFERENCE : 116606 4355031  
 AUTHORIZATION : *Patricia Pruitt*  
 COST LIMIT : \$ 150.00

ORDER DATE : January 28, 1999  
 ORDER TIME : 12:26 PM  
 ORDER NO. : 116606-005  
 CUSTOMER NO: 4355031  
 CUSTOMER: Debra J. Pruitt, Legal Asst  
 Bingham Dana Llp  
 1200 19th Street, N.w.  
 Suite# 400  
 Washington, DC 20036

ANNUAL REPORT FILING

NAME: ADVENT REALTY, INC.

ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie L. Glisar

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
 99 JAN 29 PM 1:35  
 DIVISION OF CORPORATION