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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000001282 (1)**

1. Corporation Name
BRI PARK COLONY-WOODLAND-II, INC.

Principal Place of Business	Mailing Address
C/O ~~THE~~ BERKSHIRE ~~GROUP~~ GROUP ATTN: ~~LEGAL DEPT~~ GP 470 ATLANTIC AVENUE BOSTON MA 02210	~~C/O~~ THE BERKSHIRE GROUP - ATTN: ~~LEGAL DEPT~~ 470 ATLANTIC AVENUE BOSTON MA 02210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1995

4. FEI Number: 65-0568451 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 Berkshire Realty Co., Inc.
Suite, Apt #, etc.
22 470 Atlantic Ave, ATTN: G. Martin
City & State
23 Boston MA
Zip 24 02210 Country 25

2a. Mailing Address
26 Berkshire Realty Co, Inc.
Suite, Apt #, etc.
27 470 Atlantic Ave, ATTN: G. Martin
City & State
28 Boston, MA
Zip 29 02210 Country 30

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERBER, LAURENCE 470 ATLANTIC AVENUE BOSTON MA	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CD KRUPP, DOUGLAS 470 ATLANTIC AVE BOSTON MA 02210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARSHALL, DAVID F 470 ATLANTIC AVENUE BOSTON MA	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	02210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT LAURO, FRED 470 ATLANTIC AVENUE BOSTON MA	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	AT RICHARD, KENNETH, J 470 ATLANTIC AVE BOSTON, MA 02210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SPELFOGEL, SCOTT D 470 ATLANTIC AVENUE BOSTON MA	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	02210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT PRITCHARD, MARIANNE 470 ATLANTIC AVENUE BOSTON MA 02210	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	02210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: _____ 3/28/98 (617) 423-2233