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PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000001282

1. Corporation Name

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

BRI PARK COLONY-WOODLAND-II, INC.

| Principal Place | of Rusinass | Mailing Address | | | | 40 181 (1010 1100 1101 101 101 100 1 |
|---|---|---|--|--|--|---|
| · · | | | | | | |
| % BERKSHIRE REALTY CO INC 470 ATLANTIC AVE. ATTN: G MARTIN BOSTON MA 02210 US | | %BERKSHIRE REALTY CO INC 470 ATLANTIC AVE. ATTN: G MARTIN BOSTON MA 02210 US | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/17/1995 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | ** | • | 4. FEI Number | Applied For |
| 1 Beacon Street-Suite 1550 26 1 Beacon Street | | | et-Suit | e 1550 | 65-0568451 | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired [] | \$8.75 Additional |
| 22 Attn: K. Richard 27 Attn: K. Richard | | | ard | | S. Commente of Ottom Position | Fee Required |
| City & State 23 Bost.o. | | City & State 28 Boston, MA | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip 24 01208 | Country 25 | Zφ 02108 [3 | Country | | This corporation owes the current year In Personal Property Tax | tangibte [∐Yes [TNo |
| | 9. Name and Address of Current 9 | Registered Agent | B1 N | | 10. Name and Address of New Registered | Agent |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301 | | | | Dity | FI . | 01010006 |
| 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.la | m familiar with, and accept the obligatio | ns of, Section 607.0505, Florid | a Statutes. | | | |
| SIGNATURE Signature, typed or princed name of registive Lagert and tilled applicable (NGTE Registered Agent signature or give List) | | | | | Lwher renations DATE | |
| 12. | | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | CD | [] DELETE | 11 TITLE | | | [X Change [] Addition |
| NAME | KRUPP, DOUGLAS | | 1.2 NAME | | | |
| The same with the same | | | 13 STREET AD | (ra 35) | 1 Beacon Street-Suite 1500 | |
| CITY-ST-ZIP | · | | 14 CITY-ST-7 | P BC | oston, MA 02108 | |
| TITLE | P PARTOLIAN DAVED 5 | [] DELETE | 21 TifLE | | | Change ☐ Addition |
| NAME STREET ADDRESS | MARSHALL, DAVID F 470 ATLANTIC AVENUE | | 2.2 NAME | | Descen Charact Cuita 1550 | |
| | BOSTON MA 02210 | | 23 STREET AD | , | Beacon Street-Suite 1550 oston, MA 02108 | |
| CITY-ST-ZIP TITLE | AT | [] DELETE | 2 4 CiTY-ST-Z | * 100 | 05(OII, MA 02100 | [★Change [] Addition |
| NAME | RICHARD KENNETH J | £ = 3.5.1.1. | 3.2 NAME | | | Warranda Channar |
| STREET ADDRESS | 470 ATLANTIC AVENUE | | 3 3 STREET AD | ORESS 1 | Beacon Street-Suite 1550 | |
| CiTY-ST-ZIP | BOSTON MA 02210 | | 34 CITY-S1-Z | IP BC | oston, MA 02108 | |
| TITLE | S | [_ DELETE | 41 TiTLE | | · · | [XChange [] Add ton |
| NAME | SPELFOGEL, SCOTT D | | 4 2 NAME | | | |
| STREET ADDRESS | 470 ATLANTIC AVENUE | | 43 STREET AD | DRESS 1 | Beacon Street-Suite 1500 | |
| CITY-ST-ZIP | BOSTON MA 02210 | | 4.4 CITY-ST-2 | P BC | oston, MA 02108 | |
| TITLE | VPT | []] DELETE | 5 1 TITLE | | | [X] Change [] Addition |
| NAME | PRITCHARD, MARIANNE | | 5.2 NAME | | The same of the sa | , |
| STREET ADORESS | 470 ATLANTIC AVENUE | | 53 STREET AD | 1 | Beacon Street-Suite 1550 | |
| C(TV CT 710 | BUCTUR NY 05510 | | 5.4 CiTY+S1-7/ | ₽ IBC | oston. MA 02108 | |

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 logal effect as if made under eath, 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

6 1 TITLE

62 NAVE

63 STREET ADDRESS

[] DELETE

SIGNATURE YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #

[| Addition

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