

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000001285 (4)**

1. Corporation Name
BRI PLANTATION COLONY-II, INC.

Principal Place of Business % THE BERKSHIRE GROUP 470 ATLANTIC AVE. ATTN: LEGAL DEPT. BOSTON MA 02210	Mailing Address % THE BERKSHIRE GROUP 470 ATLANTIC AVE. ATTN: LEGAL DEPT. BOSTON MA 02210-2208
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/17/1995	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number APPLIED FOR 65 0572030		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., STE. 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		85 FL	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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GERBER, LAURENCE		1.2 NAME	
STREET ADDRESS % THE BERKSHIRE GROUP, 470 ATLANTIC AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP BOSTON MA 02210		1.4 CITY-ST-ZIP	
TITLE VT	<input type="checkbox"/> DELETE	2.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARSHALL, DAVID F		2.2 NAME	
STREET ADDRESS % THE BERKSHIRE GROUP, 470 ATLANTIC AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP BOSTON MA 02210		2.4 CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MOSKOWITZ, DAVID		3.2 NAME FRED LAIRD	
STREET ADDRESS % THE BERKSHIRE GROUP, 470 ATLANTIC AVE.		3.3 STREET ADDRESS % THE BERKSHIRE GROUP, 470 ATLANTIC AVE	
CITY-ST-ZIP BOSTON MA 02210		3.4 CITY-ST-ZIP BOSTON MA 02210	
TITLE C	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRUPP, GEORGE		4.2 NAME	
STREET ADDRESS % THE BERKSHIRE GROUP, 470 ATLANTIC AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP BOSTON MA 02210		4.4 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	5.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPELFOGEL, SCOTT D		5.2 NAME	
STREET ADDRESS % THE BERKSHIRE GROUP, 470 ATLANTIC AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP BOSTON MA 02210		5.4 CITY-ST-ZIP	
TITLE VPT	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRITCHARD, MARIANNE		6.2 NAME	
STREET ADDRESS % THE BERKSHIRE GROUP, 470 ATLANTIC AVE.		6.3 STREET ADDRESS	
CITY-ST-ZIP BOSTON MA 02210		6.4 CITY-ST-ZIP	

14. I do 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: *Fred Laird* **APR 22 1997**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **FRED LAIRD**
 ASST TREASURER

CR2E034 (9/96)