

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

FILED

Mar 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000001285 (4)

1. Corporation Name

BRI PLANTATION COLONY-II, INC.

Principal Place of Business

~~THE BERKSHIRE GROUP~~ G. Martin
470 ATLANTIC AVE. ATTN: LEGAL DEPT.
BOSTON MA 02210

Mailing Address

~~THE BERKSHIRE GROUP~~ G. Martin
470 ATLANTIC AVE. ATTN: LEGAL DEPT.
BOSTON MA 02210



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1995

4. FEI Number

65-0572030

Applied For

Not Applicable

6. 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 02210
Zip Country

24 02210 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 Country

29 02210 30

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

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D GERBER, LAURENCE	% THE BERKSHIRE GROUP, 470 ATLANTIC AVE.	BOSTON MA	<input checked="" type="checkbox"/>
	P MARSHALL, DAVID F	% THE BERKSHIRE GROUP, 470 ATLANTIC AVE.	BOSTON MA	<input type="checkbox"/>
	AT LAURO, FRED	% THE BERKSHIRE GROUP, 470 ATLANTIC AVE.	BOSTON MA	<input checked="" type="checkbox"/>
	S SPELFOGEL, SCOTT D	% THE BERKSHIRE GROUP, 470 ATLANTIC AVE.	BOSTON MA	<input type="checkbox"/>
	VPT PRITCHARD, MARIANNE	% THE BERKSHIRE GROUP, 470 ATLANTIC AVE.	BOSTON MA 02210	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	CD KRUPP, DOUGLAS	470 ATLANTIC AVE	BOSTON MA 02210	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

2/27/98 (017) 423-2233

CR2E034 (10/97)