


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	
DOCUMENT # F95000001287 (0)					
1. Corporation Name BRI NEWPORT-II, INC.					
Principal Place of Business C/O THE BERKSHIRE GROUP- ATTN: LEGAL DEPT 470 ATLANTIC AVENUE BOSTON MA 02210			Mailing Address C/O THE BERKSHIRE GROUP- ATTN: LEGAL DEPT 470 ATLANTIC AVENUE BOSTON MA 02210-2208		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/17/1995		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-3307883		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <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	470 ATLANTIC AVENUE	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	470 ATLANTIC AVENUE	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	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSKOWITZ, DAVID	3.2 NAME	SCOTT B. SPILFORD
STREET ADDRESS	470 ATLANTIC AVENUE	3.3 STREET ADDRESS	470 ATLANTIC AVE
CITY - ST - ZIP	BOSTON MA 02210	3.4 CITY - ST - ZIP	BOSTON MA 02210
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	ROSKIND, E. ROBERT	4.2 NAME	
STREET ADDRESS	THE LCP GROUP/355 LEXINGTON AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10017	4.4 CITY - ST - ZIP	
TITLE	COB <input checked="" type="checkbox"/> DELETE	5.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRUPP, GEORGE	5.2 NAME	FRED LUND
STREET ADDRESS	470 ATLANTIC AVENUE	5.3 STREET ADDRESS	470 ATLANTIC AVE
CITY - ST - ZIP	BOSTON MA 02210	5.4 CITY - ST - ZIP	BOSTON MA 02210
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITCHARD, MARIANNE	6.2 NAME	
STREET ADDRESS	470 ATLANTIC AVENUE	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 LUND**
 ASST. TREASURER **APR 22 1997**

CR2E034 (9/96)