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Apr 04 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 # F95000003085 (6)

1. Corporation Name

ADVENT REAL ESTATE INVESTMENT TEXAS CORPORATION

Principal Place of Business

C/O TA ASSOCIATES
45 MILK STREET
BOSTON MA 02109

Mailing Address

C/O TA ASSOCIATES
45 MILK STREET
BOSTON MA 02109-5105



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/26/1995

3a. Date of Last Report

04/22/1996

4. FEI Number

04-3257254

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	C	<input type="checkbox"/> DELETE
NAME	RUANE, MICHAEL A	
STREET ADDRESS	C/O TA ASSOCIATES REALTY, 45 MILK STREET	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEGEL, ARTHUR	
STREET ADDRESS	C/O TA ASSOCIATES REALTY, 45 MILK STREET	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POSTERNAK, NOEL	
STREET ADDRESS	C/O POSTERNAK ET AL, 100 CHARLES RIVER PLZ	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NEHER, ANDREW M	
STREET ADDRESS	C/O TA ASSOCIATES REALTY, 45 MILK STREET	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DEGAETA, ROBERT A	
STREET ADDRESS	C/O TA ASSOCIATES REALTY, 45 MILK STREET	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Treasurer
5.3 STREET ADDRESS	Andrew M. Neher
5.4 CITY-ST-ZIP	45 Milk Street
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Boston, MA 02109
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Andrew M. Neher 3/25/97
617-338-4300

CR2E034 (9/96)