

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

FILED
Mar 06 1998 8:00am
Secretary of State



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

PROFIT CORPORATION ANNUAL REPORT 1998

DOCUMENT # F97000004345 (1)
 1. Corporation Name
BERKSHIRE APARTMENTS, INC.



Principal Place of Business: **ATTN: LEGAL DEPT 470 ATLANTIC AVE BOSTON MA 02210**
 Mailing Address: **ATTN: LEGAL DEPT 470 ATLANTIC AVE BOSTON MA 02210**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **ATTN: G. Martin**
 2a. Mailing Address: **ATTN: G. Martin**
 22. City & State
 23. Zip Country
 24. Zip Country
 25. Zip Country
 26. City & State
 27. City & State
 28. Zip Country
 29. Zip Country
 30. Zip Country

3. Date Incorporated or Qualified: **08/18/1997**
 4. FEI Number: **75-2592519**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	KRUPP, DOUGLAS	
STREET ADDRESS	470 ATLANTIC AVE	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARSHALL, DAVID	
STREET ADDRESS	470 ATLANTIC AVE	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GERBER, LAURENCE	
STREET ADDRESS	470 ATLANTIC AVE	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDBERG, CHARLES N	
STREET ADDRESS	700 LOUISIANA	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	PRITCHARD, MARIANNE	
STREET ADDRESS	470 ATLANTIC AVE	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPELFOGEL, SCOTT D	
STREET ADDRESS	470 ATLANTIC AVE	
CITY-ST-ZIP	BOSTON MA 02210	

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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 (617) 423-2233**

CR2E034 (10/97)