

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M03000001892

1. Entity Name
BIR - OP MCNAB SUB, L.L.C.



FILED

2004 NOV -3 PM 1:42

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
ONE BEACON STREET
C/O BERKSHIRE GROUP
BOSTON, MA 02108

Mailing Address
ONE BEACON STREET
C/O BERKSHIRE GROUP
BOSTON, MA 02108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10142004 REIN-LLC CR2E101 (6/04)

4. FEI Number **02-0694415**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Patrick Lalor Patrick Lalor, Assistant Secretary

10/15/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BERKSHIRE INCOME REALTY OP, L.P.
ONE BEACON STREET
BOSTON, MA 02108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400042438674
11/03/04--01041--001 **150.00 ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Claire F. Umanzio
Asst. Treasurer

OCT 26 2004

Date

617-523-7722

Daytime Phone #

REINSTATEMENT 2004