

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 29, 2006 08:00 AM
Secretary of State**

DOCUMENT # M03000001892

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



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**



03162008 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0694415

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
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CITY-STATE-ZIP

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CITY-STATE-ZIP

10060051892
03-29-2006 08:00 AM \$50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**Claire F. Umanzio
Asst. Treasurer**

3/29/06 617-523-7722
Date Daytime Phone #

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