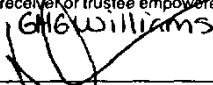


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |  FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |  | FILED<br>JUL 12 PM 3:54<br>STATE<br>FLORIDA                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------|--|
| FILING FEE<br>\$ 188.75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee<br>Make Check Payable To: FLORIDA DEPARTMENT OF STATE                                                                 |  |                                                                                 |  |
| 1. Name and Mailing Address of Limited Liability Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           | DOCUMENT # M98000001260 TALL                                                                                                                                                        |  |                                                                                 |  |
| GHG WILLIAMS LANDING LLC<br>C/O GATE HOUSE GROUP<br>313 CONGRESS STREET<br>BOSTON MA 02210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           | 1a. Principal Place of Business Address<br>C/O GATE HOUSE GROUP<br>313 CONGRESS STREET<br>BOSTON MA 02210                                                                           |  |                                                                                 |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | 2a. Mailing Address                                                                                                                                                                 |  | 3. Date Organized or Qualified                                                  |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           | Suite, Apt. #, etc.                                                                                                                                                                 |  | 10/28/1998                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | City & State                                                                                                                                                                        |  | 4. FEI Number                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           | Zip                                                                                                                                                                                 |  | 04-3438764                                                                      |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | Country                                                                                                                                                                             |  | 5. Date of Last Report                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                                                                                                     |  | 6. Certificate of Status Desired                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                                                                                                     |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                                                                                                     |  | 7. Name and Address of Current Registered Agent                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                                                                                                     |  | 8. Name and Address of New Registered Agent/Office                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                                                                                                     |  | Name                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                                                                                                     |  | Street Address (P.O. Box Number is Not Acceptable)                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                                                                                                     |  | Suite, Apt. #, etc.                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                                                                                                     |  | City                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                                                                                                     |  | FL                                                                              |  |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.                                                                                                                                                                            |                           |                                                                                                                                                                                     |  |                                                                                 |  |
| SIGNATURE _____ DATE _____<br>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                                                                                                                                     |  |                                                                                 |  |
| 10. Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Managing Members/Managers | Business Street Address                                                                                                                                                             |  | City, State and Zip Code                                                        |  |
| MGR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CANAPERI, DAVID J         | 313 CONGRESS STREET                                                                                                                                                                 |  | BOSTON MA                                                                       |  |
| MGR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PLONSKIER, MARC S         | 313 CONGRESS STREET                                                                                                                                                                 |  | BOSTON MA                                                                       |  |
| 11. 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 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; and that my name appears in Block 10, or on an attachment with an address. |                           |                                                                                                                                                                                     |  |                                                                                 |  |
| SIGNATURE:  GHG Williams Landing LLC<br>David J. Canaperi, Manager 4/30/99 617-345-4300                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                                                                                                                     |  |                                                                                 |  |