# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 28, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # M99000001559

1. Entity Name
BRH BERKSHIRE WEST, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O BERKSHIRE REALTY HOLDINGS<br>ONE BEACON ST., SUITE 1500- LEGAL<br>BOSTON, MA 02108 | C/O BERKSHIRE REALTY HOLDINGS<br>ONE BEACON ST., SUITE 1500- LEGAL<br>BOSTON, MA 02108 |

**DO NOT WRITE IN THIS SPACE**

01072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3598281
☐ Applied For
☐ Not Applicable

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, 2004**

U00000016392
01/28/04-80053-015 50.00

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | BRI OP LIMITED PARTNERSHIP |
| STREET ADDRESS | ONE BEACON STREET, SUITE 1500 |
| CITY-ST-ZIP | BOSTON, MA 02108 |
| TITLE | |
| NAME | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** _____ **Claire F. Umanzio** **Asst. Treasurer** JAN 26 (617-523-7722)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #