## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M9900001559  1. Entity Name BRH BERKSHIRE WEST, L.L.C.				FILED 03 FEB -4 AM 10: 13					
- I I I I I I I I I I I I I I I I I I I	at Business	Mailing Address			ļ				
Principal Place of Business C/O BERKSHIRE REALTY HOLDINGS		C/O BERKSHIRE REALTY HOLDINGS ONE BEACON ST., SUITE 1500- LEGAL			SECRETARY, OF STATE TABLAHASSEE, FLORIDA				
ONE BEACON ST BOSTON MA 021	T., SUITE 1500- LEGAL	ONE BEACON ST., SUITE BOSTON MA 02108	1500- LEG	JAL.					
		A A W A Address							
2. Principal Pla	ace of Business	3. Mailing Address					58161 <b>98</b> 101 <b>88</b>	191 11881 81181 81111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.		<u> </u>		☐ CHECK HERE I	F MAKING	CHANGES	
City & State		City & State		<u> </u>	4. FEI Number	59-3598281			lied For
City & State			1 0		<u> </u>			\$5.00 Addit	Applicable ional
Zip	Country	Zip	Cour	ntry	1	of Status Desired		Fee Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New Re	gistered .	Agent	
000				Name					
	PORATION SERVICE COMPANY HAYS STREET			Street Address	(P.O. Box Numb	er is Not Acceptable	)		
	AHASSEE FL 32301-2525								
		•		City			FL	Zip Code	
				1 -	ared agent or be	th in the State of Flo			ind accept
8. The above	named entity submits this statement ions of registered agent.	for the purpose of changing	its registe	red office of registe	sied agent, or be	ATT THE CLOSE OF THE			
							DATE		
SIGNATURE _	Signature, typed or printed name of registered age		OTE: Register	red Agent signature require	ed when reinstating)		DATE		
		FILE	NOW!!!	FEE IS \$50.00	ont of State				
		Make Check Paya	able to F	lorida Departm	ent of State				
	MANAGING MEM	Make Check Paya	able to F	lorida Departm May 1, 2003	ent of State	ADDITIONS	/CHANGE	S	
9.	MGRM	Make Check Paya  D  BERS/MANAGERS  Delete	able to F Due By M	lorida Departm May 1, 2003	ent of State			☐ Change	☐ Addition
9. TITLE NAME	MGRM BRI OP LIMITED PARTNERSHI	Make Check Paya  Delete  Delete	Due By N	Florida Departm May 1, 2003 D. TILE	ent of State			☐ Change	Addition
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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 all 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 all 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 all 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 all 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 all 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 all 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 all indicated on this report is true and indicated on this report is true.

Claire F. Umanzio

SIGNATURE:

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JAN 22 2003