

106 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P32093			
1. Corporation Name KRUPP GP, INC.			
Principal Place of Business ATTN: LEGAL DEPT. 470 ATLANTIC AVENUE BOSTON MA 02210		Mailing Address ATTN: LEGAL DEPT. 470 ATLANTIC AVENUE BOSTON MA 02210	
2. Principal Place of Business 21 One Beacon Street Suite, Apt. #, etc. 22 Suite 1500 Tax Dept. City & State 23 Boston, MA Zip 24 02108		2a. Mailing Address 26 One Beacon Street Suite, Apt. #, etc. 27 Suite 1500 Tax Dept. City & State 28 Boston, MA Zip 29 02108	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when res. stating)			
12. OFFICERS AND DIRECTORS			
TITLE	P	[] DELETE	
NAME	KRUPP, DOUGLAS		
STREET ADDRESS	470 ATLANTIC AVE.		
CITY-ST-ZIP	BOSTON MA 02210		
TITLE	S	[] DELETE	
NAME	SPELFOGER, SCOTT D		
STREET ADDRESS	470 ATLANTIC AVE.		
CITY-ST-ZIP	BOSTON MA		
TITLE	T	[] DELETE	
NAME	ZAROZNY, WAYNE		
STREET ADDRESS	470 ATLANTIC AVE.		
CITY-ST-ZIP	BOSTON MA 02210		
TITLE	D	[] DELETE	
NAME	KRUPP, DOUGLAS		
STREET ADDRESS	470 ATLANTIC AVE.		
CITY-ST-ZIP	BOSTON MA		
TITLE	D	[] DELETE	
NAME	KRUPP, GEORGE		
STREET ADDRESS	470 ATLANTIC AVE.		
CITY-ST-ZIP	BOSTON MA		
TITLE	AT	[] DELETE	
NAME	UNAMZIO, CLAIRE		
STREET ADDRESS	470 ATLANTIC AVE.		
CITY-ST-ZIP	BOSTON MA		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	[] Change [] Addition		
12 NAME	One Beacon Street, Suite 1500		
13 STREET ADDRESS	Boston, MA 02108		
14 CITY-ST-ZIP	[] Change [] Addition		
21 TITLE	[] Change [] Addition		
22 NAME	One Beacon Street, Suite 1500		
23 STREET ADDRESS	Boston, MA 02108		
24 CITY-ST-ZIP	[] Change [] Addition		
31 TITLE	[] Change [] Addition		
32 NAME	David Quade		
33 STREET ADDRESS	One Beacon Street, Suite 1500		
34 CITY-ST-ZIP	[] Change [] Addition		
41 TITLE	[] Change [] Addition		
42 NAME	One Beacon Street, Suite 1500		
43 STREET ADDRESS	Boston, MA 02108		
44 CITY-ST-ZIP	[] Change [] Addition		
51 TITLE	[] Change [] Addition		
52 NAME	One Beacon Street, Suite 1500		
53 STREET ADDRESS	Boston, MA 02108		
54 CITY-ST-ZIP	[] Change [] Addition		
61 TITLE	[] Change [] Addition		
62 NAME	One Beacon Street, Suite 1500		
63 STREET ADDRESS	Boston, MA 02108		
64 CITY-ST-ZIP	[] Change [] Addition		

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SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	12/13/1990
4. FEI Number	04-3097277
5. Certificate of Status Desired	[] Applied For [] Not Applicable
6. Election Campaign Financing	[] \$8.75 Additional Fee Required
7. Trust Fund Contribution	[] \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax	[] Yes [] No
10. Name and Address of New Registered Agent	

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	31000028140731-3
83	-03/23/89--01010--011
84 City	***150.00

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (11/98)