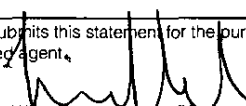
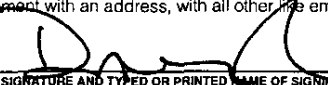


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P38743 1. Entity Name EASTRICH NO. 90 CORPORATION						FILED 04 NOV 17 AM 10:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business AEW CAPITAL MGMT., L.P. TWO SEAPORT LANE BOSTON, MA 02210-2021				Mailing Address AEW CAPITAL MGMT., L.P. TWO SEAPORT LANE BOSTON, MA 02210-2021					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City					
				FL					
				Zip Code					
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.				TRACI HOUCK SPECIAL ASSISTANT SECRETARY				DATE <u>11/10/04</u>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	PD			TITLE					
NAME	BRADLEY, DANIEL J			NAME					
STREET ADDRESS	TWO SEAPORT LANE			STREET ADDRESS					
CITY-ST-ZIP	BOSTON, MA 022102021			CITY-ST-ZIP					
TITLE	VD			TITLE					
NAME	MONAHON, J. GRANT			NAME					
STREET ADDRESS	68 SNAKE HILL ROAD			STREET ADDRESS					
CITY-ST-ZIP	BELMONT, MA 02178			CITY-ST-ZIP					
TITLE	T			TITLE					
NAME	MARTIN, JONATHAN			NAME					
STREET ADDRESS	TWO SEAPORT LANE			STREET ADDRESS					
CITY-ST-ZIP	BOSTON, MA 022102021			CITY-ST-ZIP					
TITLE	V			TITLE					
NAME	FINNEGAN, JAMES			NAME					
STREET ADDRESS	TWO SEAPORT LANE			STREET ADDRESS					
CITY-ST-ZIP	BOSTON, MA 022102021			CITY-ST-ZIP					
TITLE	AC			TITLE					
NAME	ALBANESE, WILLIAM			NAME					
STREET ADDRESS	TWO SEAPORT LANE			STREET ADDRESS					
CITY-ST-ZIP	BOSTON, MA 022102021			CITY-ST-ZIP					
TITLE	VP			TITLE					
NAME	BURLEIGH, ALEC			NAME					
STREET ADDRESS	TWO SEAPORT LANE			STREET ADDRESS					
CITY-ST-ZIP	BOSTON, MA 022102021			CITY-ST-ZIP					
12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.									
SIGNATURE: 				Daniel Bradley 10/25/04				47-261-9375	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date				Daytime Phone #	