

98 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 |
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DOCUMENT # F95000001284

1. Corporation Name
BRI ALTAMONTE-II, INC.

| | |
|--|---|
| Principal Place of Business C/O BERKSHIRE REALTY CO., INC. 470 ATLANTIC AVE., ATTN: G. MARTIN BOSTON MA 02210 US | Mailing Address C/O BERKSHIRE REALTY CO., INC. 470 ATLANTIC AVE. ATTN: G. MARTIN BOSTON MA 02210 US |
|--|---|

| | |
|---|--|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 1 Beacon Street-Suite 1550 Suite, Apt. #, etc | 26 1 Beacon-Suite 1550 Suite, Apt. #, etc |
| 22 Attn: K. Richard City & State | 27 Attn: K. Richard City & State |
| 23 Boston, MA Zip Country | 28 Boston, MA Zip Country |
| 24 02108 25 | 29 02108 30 |

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST., STE. 105
 TALLAHASSEE FL 32301

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City

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 re-registering) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | CD | 11 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRUPP, DOUGLAS | 12 NAME | |
| STREET ADDRESS | 470 ATLANTIC AVENUE | 13 STREET ADDRESS | 1 Beacon Street-Suite 1500 |
| CITY-ST-ZIP | BOSTON MA 02210 | 14 CITY-ST-ZIP | Boston, MA 02108 |
| TITLE | P | 21 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARSHALL, DAVID F | 22 NAME | |
| STREET ADDRESS | BERKSHIRE REALTY CO, INC, 470 ATLANTIC AVE | 23 STREET ADDRESS | 1 Beacon Street-Suite 1550 |
| CITY-ST-ZIP | BOSTON MA 02210 | 24 CITY-ST-ZIP | Boston, MA 02108 |
| TITLE | S | 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPELFOGER, SCOTT D | 32 NAME | |
| STREET ADDRESS | THE BERKSHIRE GROUP, 470 ATLANTIC AVE | 33 STREET ADDRESS | 1 Beacon Street-Suite 1500 |
| CITY-ST-ZIP | BOSTON MA 02210 | 34 CITY-ST-ZIP | Boston, MA 02108 |
| TITLE | D | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSKIND, E. ROBERT | 42 NAME | |
| STREET ADDRESS | THE LCP GROUP, 355 LEXINGTON AVE. | 43 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY 10017 | 44 CITY-ST-ZIP | |
| TITLE | VPT | 51 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRITCHARD, MARIANNE | 52 NAME | |
| STREET ADDRESS | BERKSHIRE REALTY CO, INC, 470 ATLANTIC AVE | 53 STREET ADDRESS | 1 Beacon Street-Suite 1550 |
| CITY-ST-ZIP | NEEDHAM MA 02210 | 54 CITY-ST-ZIP | Boston, MA 02108 |
| TITLE | AT | 61 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICHARD, KENNETH J. | 62 NAME | |
| STREET ADDRESS | 470 ATLANTIC AVE., BERKSHIRE REALTY CO. | 63 STREET ADDRESS | 1 Beacon Street-Suite 1550 |
| CITY-ST-ZIP | BOSTON MA 02210 | 64 CITY-ST-ZIP | Boston, MA 02108 |


14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

FILED

99 MAR 15 AM 10:15

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/17/1995

4. FEI Number
59-3307857

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing 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

31000028114088-2
 -03/23/99--01010--021
 ****150.00-****150.00
 FL 85 Zip Code

CRZE034 (11/98)