
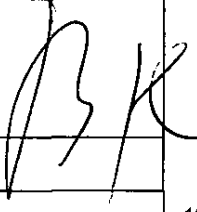
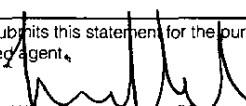
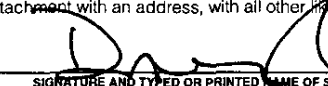


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P38743 1. Entity Name EASTRICH NO. 90 CORPORATION						<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 5px;">04 NOV 17 AM 10:01</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
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		10272004 REIN-P CR2E098 (6/04)		4. FEI Number 04-3148139		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Zip		Country		Barcode	
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 				TRACI HOUCK SPECIAL ASSISTANT SECRETARY			DATE <u>11/10/04</u>		
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			DATE		
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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRADLEY, DANIEL J TWO SEAPORT LANE BOSTON, MA 022102021	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONAHON, J. GRANT 68 SNAKE HILL ROAD BELMONT, MA 02178	<input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, JONATHAN TWO SEAPORT LANE BOSTON, MA 022102021	<input type="checkbox"/> Delete			REINSTATEMENT 2004				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FINNEGAN, JAMES TWO SEAPORT LANE BOSTON, MA 022102021	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC ALBANESE, WILLIAM TWO SEAPORT LANE BOSTON, MA 022102021	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURLEIGH, ALEC TWO SEAPORT LANE BOSTON, MA 022102021	<input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 names empowered.									
SIGNATURE: 				Daniel Bradley <u>10/25/04</u>			47-261-9375		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date			Daytime Phone #		