

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 JUN 29 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06

DOCUMENT # P38743
1. Entity Name
EASTRICH NO. 90 CORPORATION



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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
04-3148139

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

64242006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
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: *Garnie Boyer* DATE: *6/28/06*

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
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	T MARTIN, JONATHAN TWO SEAPORT LANE BOSTON, MA 022102021 <input type="checkbox"/> Delete
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	AC ALBANESE, WILLIAM TWO SEAPORT LANE BOSTON, MA 022102021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

000077157250
07/07/06--01048--012 **900.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *4/25/06* OFFICE PHONE: *617-261-9000*