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Form LP 905 (Rev. Jan. 1999)

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SUBMIT IN DUPLICATE!

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All correspondence regarding this fining will be sent to the registered agent of the limited partnership unless a self-addressed envelope with pre-paid postage is included.

JESSE WHITE SECRETARY OF STATE STATE OF ILLINOIS

CERTIFICATE OF AMENDMENT
TO THE APPLICATION FOR ADMISSION
(foreign limited partnership)

1.	Limited partnership's name:BRADLEY OPERATING LIMITED PARTNERSHIP			
2.	File number assigned by the Secretary of State: S007654			
3.	Federa	Federal Employer Identification Number (F.E.I.N.): 363908551		
4.	Admitt	Admitting name or assumed name, if any, under which the limited partnership is transacting business in Illinois:		
5.	The application for admission to transact business is amended as follows: (Check all applicable changes here and specify them in item 6.) (Address changes - P.O. Box alone and c/o are unacceptable)			
	a)	Admission of a new general partner (give name and business address in item 6 on reverse).		
	b)	Withdrawal of a general partner (give name in item 6 on reverse).		
	c)	Change of registered agent and/or registered agent's office (give new name and address, including county in item 6 on reverse).		
	d) Change in the address of the office at which the records required by Section 902 of the Act are kept (give neaddress, including county, in item 6 on reverse).			
	e) Change in the general partners name and/or business address (give name and new address in item 6 on reverse			
	f) Change in limited partnership's name (give new name in item 6 on reverse).			
	g)	Change in date of dissolution (give new date in item 6 on reverse).		
	h)	Other (give information in item 6 on reverse).		

(over)

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> Illinois Corporation Service Company 700 South Second Street Springfield, IL 62704 Sangamon County

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If additional space is needed, it must be continued in the same format on a plain white 8 1/2" x 11" sheet, which must be stapled to this form.

6. NAME(S) & BUSINF3'S ADDRESS(ES) OF GENERAL PARTNER(S)

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

The original certificate of amendment must be signed by a general partner, all new general partners and at least one withdrawing general partner.

SIGNATURE AND NAME	BUSINESS ADDRESS		
1. Signature	Street535 Boylston St.		
Type or print name and title Patrick O'Sullivan	City/town Boston		
Asst. Secretary, on behalf of General Partner	`O		
Name of General Partner if a corporation or	4		
other entity <u>Heritage-Austen Acquisition Inc.</u>	State MA	ZIP Code02116	
2. Signature	Street		
Type or print name and title	City/town		
Name of General Partner if a corporation or	3		
other entity	State	ZIP Code	
3. Signature	Street		
Type or print name and title	City/town		
Name of General Partner if a corporation or	<u> </u>	*,-,	
other entity	State	ZIP Code	
(Signatures must be in BLACK INK on an original document, be used on conformed copies.)	Carbon copy, photocopy or rubb	er stamp signatures may only	
RETURN TO:			

Secretary of State Department of Business Services Limited Partnership Division Room 357, Howlett Building Springfield, Illinois 62756 Telephone: (217) 785-8960 http://www.sos.state.il.us

DO NOT SEND CASH!

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STATE OF ILLINOIS

TE OF ILLINGS
Secretary of 9
this is a of the right Office of the Secretary of State I hereby certify that this is a true and correct copy, consisting of the pages, as taken from the original on the in

Desce Waite

SECRETARY OF STATE

DATED Luguet 13, 2002 BV. Perus da truend