

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



9/10/96

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership BERKSHIRE MORTGAGE FINANCE LIMITED PARTNERSHIP		1a. DOCUMENT # A26121	
2. Mailing Address 470 ATLANTIC AVE., SUITE 1300 ATTN: TAX DEPT. BOSTON MA 02210		3. Date Formed or Registered 03/18/1988	
2a. Principal Office Address 470 ATLANTIC AVE. BOSTON MA 02210		3a. Date of Last Report 01/02/1996	
Suite, Apt. #, etc. City & State Zip Country		4. State or Country of Formation MA	
5a. Capital Contributions as Shown on record \$0.00		5b. Amount of Capital Contributions in FLORIDA to date \$0.00	
6. FEI Number: 04-2985686		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST STE 105 TALLAHASSEE FL 32301		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
BRF CORPORATION	470 ATLANTIC AVE., SU	BOSTON MA 02210	F83000001028
100002040261 ---5 -12/27/93--01142--004 1012526.12 ***191.25 191.25			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Laurence Gerber* DATE 12/11/96
 Typed or Printed Name of General Partner Signing Form Laurence Gerber, Chairman
BRF Corp. Daytime Telephone Number (617) 423-2233

CR2E003 (6/96)