


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
98 NOV 20 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A26121
BERKSHIRE MORTGAGE FINANCE LIMITED PARTNERSHIP	

Mailing Address 470 ATLANTIC AVE., SUITE 1300 ATTN: TAX DEPT. BOSTON MA 02210	Principal Office Address 470 ATLANTIC AVE. BOSTON MA 02210
2. Mailing Address One Beacon Street Suite, Apt. #, etc. Suite 1500 Tax Dept City & State Boston, MA Zip 02108	2a. Principal Office Address One Beacon Street Suite, Apt. #, etc. Suite 1500 Tax Dept City & State Boston, MA Zip 02108

3. Date Formed or Registered 03/18/1988	5a. Capital Contributions as Shown on record. \$0.00
3a. Date of Last Report 12/09/1997	
4. State or Country of Formation MA	5b. Amount of Capital Contributions in FLORIDA to date: /
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
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10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable) 300002695188-1
Suite, Apt. #, etc. 11/24/98 81037 819
City FL
Zip Code ***141.25 ***141.25

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	F93000001028

AL NOV 20 1998

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 _____ DATE **NOV 13 1998**

Claire F. Umanzio
Asst. Treas.

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number **617-646-2330**

CR2E003 (8/88)