

2000 UNIFORM BUSINESS REPORT (UBR)

0015027 AI

DOCUMENT # A26121
 1. Entity Name: **BERKSHIRE MORTGAGE FINANCE LIMITED PARTNERSHIP**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIO

00 FEB 18 PM 12:45

Principal Place of Business: **ONE BEACON STREET SUITE 1500. LEGAL DEPT. BOSTON MA 02108**
 Mailing Address: **ONE BEACON STREET SUITE 1500. LEGAL DEPT. BOSTON MA 02108-3116**



DO NOT WRITE IN THIS SPACE

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: **04-2985686** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST
 STE 105
 TALLAHASSEE FL 32301**

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$0.00**
 10. Amount of Capital Contributions in FLORIDA to date: **\$0.00**
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	F93000001028
NAME	BRF CORPORATION
STREET ADDRESS	ONE BEACON STREET, SUITE 1500
CITY - ST - ZIP	BOSTON MA 02108
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>inf 2/28/00</i>
CITY - ST - ZIP	
STREET ADDRESS	900003156399--3
CITY - ST - ZIP	-03/03/00--01063--005 ****141.25 ****141.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *SIGNATURE REQUIRED ASst. Treasurer* FEB 14 2000 (017-523-7722)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)