

2002 UNIFORM BUSINESS REPORT (UBR)

0017480 AT

DOCUMENT # A26121

1. Entity Name
BERKSHIRE MORTGAGE FINANCE LIMITED PARTNERSHIP

FILED
02 JAN 25 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

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

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
STE 105
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F93000001028 BRF CORPORATION ONE BEACON STREET, SUITE 1500 BOSTON MA 02108
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Assistant Treasurer **CLAUDE F. UMANTE**
Date: JAN 23 2002 Daytime Phone #: 617-523-7722

CR2E003 (9/01)