


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

FILED
Feb 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A26121									
1. Entity Name BERKSHIRE MORTGAGE FINANCE LIMITED PARTNERSHIP									
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	4. FEI Number 04-2985686 <table border="1" style="float: right; margin-left: 20px;"> <tr> <td>Applied For</td> <td></td> </tr> <tr> <td>Not Applicable</td> <td></td> </tr> </table>		Applied For		Not Applicable	
Applied For									
Not Applicable									
				5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.									
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.							
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 #	F93000001028		STREET ADDRESS						
NAME	BRF CORPORATION		CITY - ST - ZIP						
STREET ADDRESS	ONE BEACON STREET, SUITE 1500 ✓								
CITY - ST - ZIP	BOSTON, MA 02108								
DOCUMENT #			STREET ADDRESS	02/28/04-80028-002 141.25					
NAME			CITY - ST - ZIP						
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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:		Claire F. Umazio Asst. Treasurer		JAN 26 2004					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #					



STAPLE CHECK HERE