2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

FILED Apr 13, 2007 08:00 A Secretary of State

1. Entity Name BVF LAKES EDGE PARTNERS, L.P.



Principal Place of Business

% THE BERKSHIRE GROUP - ATTN: LEGAL ONE BEACON ST., SUITE 1500 BOSTON, MA 02108 Mailing Address

% THE BERKSHIRE GROUP - ATTN: LEGAL ONE BEACON ST., SUITE 1500 BOSTON, MA 02108



03152007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0911940 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and Address	of Current	Registered	Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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	named entity submits this statement for the purpose of changing its re- ions of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE -					
Old Willows	Signature, typed or printed name of registered agent and title if applicable.	DATE			
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	00			
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 #	M05000007050				
NAME	BVF LAKES EDGE GP, L.L.C.				
STREET ADDRESS	% ONE BEACON STREET, SUITE 1500				

CHY-SI-ZIP **BOSTON, MA 02108** DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP

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000000706280 04/24/07-80028-012 500.00

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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. Umanzio Asst. Treasurer

APR 1 0 2007

617-523-7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phor