## 2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

## DOCUMENT # B0100000388

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

**FILED** Apr 30, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

04212008 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

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.</li></ol>	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable	DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

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.

ì	NOTE. General Partners MAT NOT be changed on the		
	12.	GENERAL PARTNER INFORMATION	
	DOCUMENT #  NAME  STREET ADDRESS  CHY-ST-ZIP	M0500007050 BVF LAKES EDGE GP, L.L.C. % ONE BEACON STREET, SUITE 1500 BOSTON, MA 02108	
	DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP		
	DOCUMENT #  NAME STREET ADDRESS CITY-ST-ZIP		

U00000937420 05/27/08-80049-018 500.00

## DO NOT WRITE IN THIS SPACE

STREET ADDRESS CULY-ST-ZIP DOCUMENT#

CHY-ST-ZIP supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information courate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the irmited partnership to execute this report as required by Chapter 620, Florida Statutes

Claire F. Umanzio 14. I hereby certify that the information indicated on this report is true and a or the receiver or trustee empowers

Asst. Treasurer

APR 2 8 2008

<u>(417.523.7722</u>

SIGNATURE:

DOCUMENT # NAME

NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT A NAME STREET ADDRESS

GNING GENERAL PARTNER