

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 DEC 27 PM 1:36

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1. Name of Limited Partnership		1a. DOCUMENT # B93000000295	
Eastrich Multiple Investor Fund, Limited Partnership			
Mailing Address		Principal Office Address	
c/o Aldrich Eastman Waltch L.P. 225 Franklin Street Boston, MA 02110		32 Loockerman Square Suite L-100C Dover, DE 19901	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Formed or Registered 07/15/1993		5a. Capital Contributions as Shown on record \$36,524,824.00	
3a. Date of Last Report 12/31/95		5b. Amount of Capital Contributions in FLORIDA to date \$36,524,824.00	
4. State or Country of Formation DE		6. FEI Number 04-3177233 ☐ Applied For ☒ Not Applicable	
7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office	
The Prentice-Hall Corporation System, Inc. 1201 Hays Street, Suite 105 Tallahassee, FL 32301	Name	
	Street Address (P.O. Box Number Is Not Acceptable)	
	Suite, Apt. #, etc.	
	City	FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
MIF Holdings, L.P. c/o Aldrich Eastman Waltch	225 Franklin Street	Boston, MA 02110	B93000000294
900002048089--4 -01/07/97--01089--001 ****576.25 ****576.25			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I declare by certifying that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

[Signature]

Aileen M. Bernardi

DATE

12/18/96
617261-9000

Type or Print Full Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)