

Filing Fee \$25

SUBMIT IN DUPLICATE!

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2/58/00 0 21 001 Page 1 of 2  
2000-03-24 10:41:50  
Cook County Recorder 23.50



LPR302/23/00:01:1543:  
SOSIL S000863 FILED 905  
25.00 BK01

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with pre-paid postage is included.

JESSE WHITE  
SECRETARY OF STATE  
STATE OF ILLINOIS

CERTIFICATE OF AMENDMENT  
TO THE APPLICATION FOR ADMISSION  
(foreign limited partnership)

1. Limited partnership's name: BERKSHIRE MORTGAGE FINANCE LIMITED PARTNERSHIP
2. File number assigned by the Secretary of State: S000863
3. Federal Employer Identification Number (F.E.I.N.): 04-2955686
4. Admitting name or assumed name, if any, under which the limited partnership is transacting business in Illinois:  
\_\_\_\_\_
5. The application for admission to transact business is amended as follows:  
(Check all applicable changes here and specify them in item 6.)  
(Address changes - P.O. Box alone and c/o are unacceptable)
  - a) Admission of a new general partner (give name and business address in item 6 on reverse).
  - b) Withdrawal of a general partner (give name in item 6 on reverse).
  - c) Change of registered agent and/or registered agent's office (give new name and address, including county in item 6 on reverse).
  - d) Change in the address of the office at which the records required by Section 902 of the Act are kept (give new address, including county, in item 6 on reverse).
  - e) Change in the general partners name and/or business address (give name and new address in item 6 on reverse).
  - f) Change in limited partnership's name (give new name in item 6 on reverse).
  - g) Change in date of dissolution (give new date in item 6 on reverse).
  - h) Other (give information in item 6 on reverse).

(over)

Handwritten initials/signature

GENERAL PARTNER  
BRF CORPORATION  
ONE BEACON STREET, SUITE 1500  
BOSTON, MA 02108

If additional space is needed, it must be continued in the same format on a plain white 8 1/2" x 11" sheet, which must be stapled to this form.

### 6. NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

The original certificate of amendment must be signed by a general partner, all new general partners and at least one withdrawing general partner.

#### SIGNATURE AND NAME

#### BUSINESS ADDRESS

1. Signature *Claire F. Umazio* Street ONE BEACON STREET, SUITE 1500

Type or print name and title CLAIRE F. UMANZIO, ASST. TREASURER City/town BOSTON, MA 02108

Name of General Partner if a corporation or other entity BRF CORPORATION State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2. Signature \_\_\_\_\_ Street \_\_\_\_\_

Type or print name and title \_\_\_\_\_ City/town \_\_\_\_\_

Name of General Partner if a corporation or other entity \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. Signature \_\_\_\_\_ Street \_\_\_\_\_

Type or print name and title \_\_\_\_\_ City/town \_\_\_\_\_

Name of General Partner if a corporation or other entity \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

(Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

#### RETURN TO:

Secretary of State  
Department of Business Services  
Limited Partnership Division  
Room 357, Howlett Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8960  
<http://www.sos.state.il.us>

**DO NOT SEND CASH!**