2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 17 AM 10: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04092007 Chg-LP CR2E003 (12/06)

DOCUMENT # B04000000052

1. Entity Name
BVF/APTCO WINTER OAKS PARTNERS, LTD., (L.P.)

Principal Place of Business	Mailing Address
25 PHILLIPS PARKWAY MONTVALE, NJ 07645	25 PHILLIPS PARKWAY MONTVALE, NJ 07645

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
ONE BEACON STREET	ONE BEACON STREET
Suite, Apt #, etc. SUITE 1500	Suite, Apt. #, etc. SUITE 1500
City & State BOSTON, MA	City & State BOSTON, MA
Zip 02108 Country USA	Zip 02108 Country USA

4. FEI Number 58-1653306 — 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

7. Name and Address of New Registered Agent

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.

FILE NOW!!! FEE IS $500.00
After May 1, 2007, 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F06000000947	STREET ADDRESS	
NAME	BVF WINTER OAKS GP, INC.		
STREET ADDRESS	ONE BEACON STREET	CITY-ST-ZIP	
CITY-ST-ZIP	BOSTON, MA 02108		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	300009813453 04/24/07--01053--017 **500.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing 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 13 2007 — 617-523-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #