200 ⁻	1 UNII	ORM BUSIN	ESS REPO	RT	(UBI	R)	_			·	
DOCUMENT # A12848 1. Entity Name							t i			Λ.	
WOODWINDS ASSOCIATES, LTD.							FILE	D	\sim	X .	
Principal Place of Business 1800 WOODWINDS DRIVE 8RADENTON FL 34208			Mailing Address ONE CHARLES RIVER PLACE 63 KENDRICK STREET NEEDHAM MA 02494			01 SEC	FEB -2 AM IO: 34. RETARY OF STATE				
2. Principal Place of Business 3. Mailing Address					1 (891911 1051 11915 11007 1011) 01807 1011 8/811 8/811 8/811 8/811 9/911 1987						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Number	04-2771156		Applied For Not Applicable		
Zip	Zip Country		Zip	Country			5. Certificate of	of Status Desired	□ \$	8.75 Additional ee Required	
	6. Name	and Address of Current Regis	tered Agent	•	7. Name and Address of New Registered Agent Name						
WINGATE MANAGEMENT COMPANY, INC. C/O WOODWINDS APARTMENTS 1800 WOODWINDS DRIVE BRADENTON FL 34208 8. The above named entity submits this statement for the purpose of changing its re					Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code ered office or registered agent, or both, in the State of Florida.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
9. Capital Contributions as Shown on record. \$874,175.00			10. Amount of Capital Contributions in FLORIDA to date. \$0.0				11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a get									neral partn	er.	
12.						ADDRESS CHANGES ONLY					
NAME STREET ADDRESS	CONTINENTAL WINGATE CO. OF GEORGIA, INC. 3833 PEACHTREE ROAD ATLANTA GA				EET ADDRESS -ST-ZIP				·		
DOCUMENT #	856052 WINGATE DEVELOPMENT CORP 63 KENDRICK STREET BOSTON MA			STRE	ET ADDRESS		 60	00036		269	
STREET ADDRESS				Cłty	-ST-ZIP		6000036551269 -0270670101114023 ****141.25 ****141.25				
DOCUMENT # NAME	SCHUSTER, GERALD 132 YARMOUTH RD BROOKLINE MA				ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP						
DOCUMENT # NAME	DUKESS, A. CARLETON 79 LANSDOWNE DR LARCHMONT NY			STRE	ET ADDRESS						
				CITY	-ST-ZIP					,	
DOCUMENT # NAME		,		STRE	ET ADDRESS					·	
STREET ADDRESS CITY-ST-ZIP				CiTY	-ST-ZIP						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

DOCUMENT# 🍝

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

June E. Roberts, Clerk, Wingate Development Corp. 01/12/01

Date

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