


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jul 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A12848 1. Entity Name WOODWINDS ASSOCIATES, LTD., LIMITED PARTNERSHIP	
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Principal Place of Business C/O WINGATE DEVELOPMENT CORP. 63 KENDRICK STREET, ONE CHARLES RIVER PLC NEEDHAM, MA 02494	Mailing Address C/O WINGATE DEVELOPMENT CORP. 63 KENDRICK STREET, ONE CHARLES RIVER PLC NEEDHAM, MA 02494
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



07012004 Chg-LP CR2E003 (10/03)

4. FEI Number 04-2771156	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINGATE MANAGEMENT COMPANY, INC. C/O WOODWINDS APARTMENTS 1800 WOODWINDS DRIVE BRADENTON, FL 34208	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

9. Capital Contributions as Shown on record. \$874,175.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	856051	STREET ADDRESS	
NAME	CONTINENTAL WINGATE CO. OF GEORGIA, INC.	CITY-ST-ZIP	
STREET ADDRESS	3833 PEACHTREE ROAD, N.E.		
CITY-ST-ZIP	ATLANTA, GA 30319		
DOCUMENT #	856052	STREET ADDRESS	
NAME	WINGATE DEVELOPMENT CORP	CITY-ST-ZIP	
STREET ADDRESS	63 KENDRICK STREET, ONE CHARLES RIVER PLC		
CITY-ST-ZIP	NEEDHAM, MA 02494		
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CITY-ST-ZIP			

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Lee P. [Signature] 7/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #