2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A12848

1. Entity Name
WOODWINDS ASSOCIATES, LTD., LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
C/O WINGATE DEVELOPMENT CORP. 63 KENDRICK STREET, ONE CHARLES RIVER PLC NEEDHAM, MA 02494	C/O WINGATE DEVELOPMENT CORP. 63 KENDRICK STREET, ONE CHARLES RIVER PLC NEEDHAM, MA 02494

DO NOT WRITE IN THIS SPACE

01232006 No Chg-LP CR2E003 (11/05)

4. FEI Number 04-2771156 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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, 2006, 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

DOCUMENT #	856051
NAME	CONTINENTAL WINGATE CO. OF GEORGIA, INC.
STREET ADDRESS	3833 PEACHTREE ROAD, N.E.
CITY-ST-ZIP	ATLANTA, GA 30319
DOCUMENT #	856052
NAME	WINGATE DEVELOPMENT CORP
STREET ADDRESS	63 KENDRICK STREET, ONE CHARLES RIVER PLC
CITY-ST-ZIP	NEEDHAM, MA 02494
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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: Dean Sellinger, VP 2/1/06 781-707-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #