

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**DOCUMENT # A12848**

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



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 AUG 13 PM 2:28

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**



07052007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 14, 2007, Fee will be \$1000.00**

**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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**800108709648**  
**08/28/07--01038--019**  
**BLT\*\*900.00**

**DO NOT WRITE  
IN THIS SPACE**

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:

*Robert Najarian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**8/6/07 (781) 707-9000**  
Date Daytime Phone #

**Robert Najarian, Vice President of Wingate Dev. Corp., General Partner**

STAPLE CHECK HERE