

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 FEB 15 AM 3:15

1. Name of Limited Partnership	1a. DOCUMENT # A18174
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WINGATE CYPRESS POINTE, LTD.

Gg/AR  
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Mailing Address 75 CENTRAL STREET BOSTON MA 02109	Principal Office Address 5119 EAST FLETCHER AVENUE TAMPA FL 33612	3. Date Formed or Registered 10/30/1984	5a. Capital Contributions as Shown on record \$901,200.00
2. Mailing Address 63 Kendrick Street Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report 01/12/1998	5b. Amount of Capital Contributions in FLORIDA to date 0
City & State Needham, MA	City & State	4. State or Country of Formation FL	6. FEI Number 58-1590662 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 02494	Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) WINGATE DEVELOPMENT CORP CONTINENTAL WINGATE COMPANY of Georgia, Inc. SCHUSTER, GERALD	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 75 CENTRAL STREET 3833 PEACHTREE RD. CRO 132 YARMOUTH RD.	11b. City, State & Zip Code BOSTON MA ATLANTA GA CHESTNUT HILL MA	11c. Registration/ Document Number 856052 856051
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Joanne L. Marinelli

DATE

12/16/98

Typed or Printed Name of General Partner Signing Form

Joanne L. Marinelli, Asst. Clerk

Daytime Telephone Number 781-707-9022

CR2E003 (8/98)