
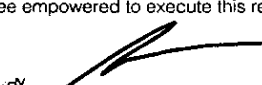


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

APPROVED
AND
FILED

04 MAY -4 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B02000000272 1. Entity Name WINNRESIDENTIAL LIMITED PARTNERSHIP					
Principal Place of Business SIX FANEUIL HALL MARKETPLACE BOSTON MA 02109			Mailing Address SIX FANEUIL HALL MARKETPLACE BOSTON MA 02109		
2. Principal Place of Business Six Faneuil Hall Marketplace		3. Mailing Address Six Faneuil Hall Marketplace			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 		Country 		Zip 	
Country 		Country 		4. FEI Number 04-3581289	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$990.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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 # M01000002543 NAME WINNCOMPANIES LLC STREET ADDRESS SIX FANEUIL HALL MARKETPLACE CITY-ST-ZIP BOSTON MA 02109			STREET ADDRESS Six Faneuil Hall Marketplace CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS 500036553005 CITY-ST-ZIP 05/18/04 01055 020 **141.25		
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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					
SIGNATURE: 				4/26/04 617-742-4500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER WinnCompanies LLC, General Partner, Samuel Ross, Manager					



MOORE CR2E003 (11/03)

STAPLE CHECK HERE