

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

98 OCT 13 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
B92000000043

LINNAEUS-HAMILTON REALTY LIMITED PARTNERSHIP



Mailing Address

% FIRST WINTHROP CORPORATION  
FIVE CAMBRIDGE CENTER  
CAMBRIDGE MA 02142

Principal Office Address

% FIRST WINTHROP CORPORATION  
FIVE CAMBRIDGE CENTER  
CAMBRIDGE MA 02142

3. Date Formed or Registered

12/07/1992

5a. Capital Contributions as  
Shown on record.

\$100.00

3a. Date of Last Report

11/12/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date:



4. State or Country of Formation

MA

6. FEI Number

04-2661290

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired



\$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

THE PRENTICE HALL CORPORATION SYSTEMS, INC  
1201 HAYS ST  
STE 105  
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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)

WINTHROP FINANCIAL ASSOCIATE

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

FIVE CAMBRIDGE CENTER

11b. City, State & Zip Code

CAMBRIDGE MA 02142

11c. Registration/  
Document Number

A24923

900002866079-6  
-10/16/98-01111-005  
\*\*\*\*141.25 \*\*\*\*141.25

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

DATE

By: Winthrop Financial Associates, A Limited Partnership

9/18/98

Peter Braverman

516 681 3636

CR2E003 (8/98)