LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # B9300000160

1. Entity Name WINTERHAVEN ASSOCIATES L.P. LIMITED PARTNERSHIP



FILED May 01, 2006 08:00 Al Secretary of State

Fee Required

Principal Place of Business 197 EIGHTH STREET, SUITE 800 BOSTON, MA 02129

Mailing Address

197 EIGHTH STREET, SUITE 800 BOSTON, MA 02129



DO NOT WRITE IN THIS SPACE

04202006 No Cha-LP CR2E003 (11/05)

4. FEI Number Applied For 22-3078454 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC. **1201 HAYS ST STE 105** TALLAHASSEE, FL 32301

DO	NOT	WRITE
IN	THIS	SPACE

 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or be the obligations of registered agent. 	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE Signature, typeo or printed name of registered agent and title if applicable	DATE
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 NOTE: General Partners MAY NOT be changed on the form; an amendment must be fil	

GENERAL PARTNER INFORMATION F93000001655 DOCUMENT . NAME HAVEN INC. STREET ADDRESS 112 FOREST WAY CITY-ST-ZIP ESSEX FELLS, NJ 07021 DOCUMENT # NAME STREET ADDRESS CSTY-ST-7IP DOCUMENT # HAME STREET ADDRESS

U00000558117 05/17/06-80081-017 500.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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 empreyered to execute this report as required by Chapter 620, Florida Statutes Tom Cannon

SIGNATURE:

CITY-ST-ZIP

CUCUMENT # MAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY - 5T - ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATUREAND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/06

Davime Prone