

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # B93000000160

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



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

Mailing Address  
197 EIGHTH STREET, SUITE 800  
BOSTON, MA 02129



03182008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-3078454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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**

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 \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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 # F93000001655  
NAME HAVEN INC.  
STREET ADDRESS 112 FOREST WAY  
CITY-ST-ZIP ESSEX FELLS, NJ 07021

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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05/01/08-80033-012 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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 by me; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Managing Member and  
not individually**

4/4/08

Daytime Phone #