


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000000947 1. Entity Name BVF WINTER OAKS GP, INC.	
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Principal Place of Business C/O THE BERKSHIRE GROUP ONE BEACON STREET STE 1500 BOSTON, MA 02108	Mailing Address C/O THE BERKSHIRE GROUP ONE BEACON STREET STE 1500 BOSTON, MA 02108
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04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0768163	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT QUADE, DAVID ONE BEACON STREET STE 1500 BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTE, LORI 333 EAST 84TH STREET #1A NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P APESECHE, FRANK ONE BEACON STREET STE 1500 BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLOOM, MARY B ONE BEACON STREET STE 1500 BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT UMANZIO, CLAIRE ONE BEACON STREET STE 1500 BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/23/08-80066-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ass't. Treasurer
Claire F. Umanzio**

APR 28 2008

Date

(717) 523-7722

Daytime Phone #