

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M02000000337

1. Entity Name
WINN MANAGEMENT COMPANY LLC



Principal Place of Business
SIX FANEUIL HALL MARKETPLACE
BOSTON, MA 02109

Mailing Address
SIX FANEUIL HALL MARKETPLACE
BOSTON, MA 02109



04202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3495536

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSS, SAMUEL SIX FANEUIL HALL MARKETPLACE BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CURTIS, LAWRENCE H SIX FANEUIL HALL MARKETPLACE BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PUTZIGER, MICHAEL T 6 FANEUIL HALL MARKETPLACE BOSTON, MA 021093
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/11/06-80129-006 50.00

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IN THIS SPACE**

11. 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 under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Samuel Ross, Manager

4/20/06
Date

617-743-4500
Daytime Phone #