


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000003073
 1. Entity Name
 WINGATE MANAGEMENT COMPANY, LLC



Principal Place of Business Mailing Address
 63 KENDRICK STREET 63 KENDRICK STREET
 NEEDHAM, MA 02494 NEEDHAM, MA 02494

DO NOT WRITE IN THIS SPACE



01232006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2388094	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHUSTER, GERALD 63 KENDRICK STREET NEEDHAM, MA 02494
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHUSTER, MARK S 100 WELLS AVENUE NEWTON, MA 02459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COPE, MICHAEL A 100 WELLS AVENUE NEWTON, MA 02459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE: Dean S. Glingel Sr. V.P. 2/1/06 781-707-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Overtime Phone #