


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000003073**

1. Entity Name  
 WINGATE MANAGEMENT COMPANY, LLC



Principal Place of Business  
 63 KENDRICK STREET  
 NEEDHAM, MA 02494

Mailing Address  
 63 KENDRICK STREET  
 NEEDHAM, MA 02494

**DO NOT WRITE IN THIS SPACE**



08132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2388094	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ 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 September 14, 2007**

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	

U00000772207  
 08/17/07-90003-004 50.00

**DO NOT WRITE 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 608, Florida Statutes.

SIGNATURE: Isabelle L. Page Authorized Rep. Date: 8/13/08 Daytime Phone #: 781-707-9134

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