

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003073

FILED
Sep 03, 2008
Secretary of State

Entity Name: WINGATE MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

63 KENDRICK STREET
NEEDHAM, MA 02494

New Principal Place of Business:

100 WELLS AVE
2ND FLOOR
NEWTON, MA 02459

Current Mailing Address:

63 KENDRICK STREET
NEEDHAM, MA 02494

New Mailing Address:

100 WELLS AVE
2ND FLOOR
NEWTON, MA 02459

FEI Number: 20-2388094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHUSTER, GERALD
Address: 63 KENDRICK STREET
City-St-Zip: NEEDHAM, MA 02494

Title: MGR () Delete
Name: SCHUSTER, MARK S
Address: 100 WELLS AVENUE
City-St-Zip: NEWTON, MA 02459

Title: MGR () Delete
Name: COPE, MICHAEL A
Address: 100 WELLS AVENUE
City-St-Zip: NEWTON, MA 02459

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT G. NAJARIAN

VP

09/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date