


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000003806
 1. Entity Name
KINGS WINDGATE ASSOCIATES, L.L.C.



Principal Place of Business Mailing Address
C/O TRI CITY RENTALS **C/O TRI CITY RENTALS**
255 WASHINGTON AVENUE EXTENSION **255 WASHINGTON AVENUE EXTENSION**
ALBANY, NY 12205 **ALBANY, NY 12205**



01092006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 52-2318570 | 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
GOTTLIEBNE, BRUCE M ESQ.
C/O GOTTLIEB AND GOTTLIEB
125 NORTH 48TH AVENUE
HOLLYWOOD, FL 33021-6601

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 submitting)

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

1100000452334
 03/11/06-80023-009 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MASSRY, MORRIS 255 WASHINGTON AVE EST ALBANY, NY 12205 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MASSRY, NORMAN 255 WASHINGTON AVE EST ALBANY, NY 12205 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR BOSSERT, MICHAEL 255 WASHINGTON AVE EST ALBANY, NY 12205 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR OWNES, TIMOTHY 255 WASHINGTON AVE EST ALBANY, NY 12205 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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 609, Florida Statutes.

SIGNATURE:  **MORRIS MASSRY** **2/24/06 (518) 862-6600**
SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #