


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

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



Principal Place of Business C/O TRI CITY RENTALS 255 WASHINGTON AVENUE EXTENSION ALBANY, NY 12205	Mailing Address C/O TRI CITY RENTALS 255 WASHINGTON AVENUE EXTENSION ALBANY, NY 12205
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02272007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2318570	Applied For <input type="checkbox"/> 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 46TH 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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	

U00000701927
04/20/07-80078-007 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: *Morris Massey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **MORRIS MASSRY
member**

Date: **4/5/07** Daytime Phone #: **518-862-6600**