


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 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: _____
Signature: typed or printed name of registered agent and title if applicable. (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	

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U00000701927
 04/20/07-80078-007 50.00

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

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