

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005.**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A03000000663

1. Entity Name  
WINDSOR ALTERNATIVE INVESTMENT FUND I, LTD.



Principal Place of Business  
224 TARPON STREET  
TAVERNIER, FL 33070

Mailing Address  
224 TARPON STREET  
TAVERNIER, FL 33070

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152005

Chg-LP

CR2E003 (10/03)

4. FEI Number

32-0074774

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWBERRY, THOMAS J  
224 TARPON STREET  
TAVERNIER, FL 33070

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

DATE

9. Capital Contributions  
as Shown on record. **\$50,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # M03000001367  
NAME WINDSOR ALTERNATIVE INVESTMENTS, LLC  
STREET ADDRESS 224 TARPON STREET  
CITY- ST- ZIP TAVERNIER, FL 33070

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #

NAME

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000000396118  
04/27/05-80113-005 535.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Thomas J. Newberry* **Thomas J. Newberry** 4/11/05 305-853-5501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE