


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 07 FEB -6 AM 10:51

New: *TNT Option Index Fund LTD*

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|---|---|--|--|---|
| 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 - No P.O. Box # <i>93351 Overseas Hwy</i> | | 3. Mailing Address <i>Box 9299</i> | | |
| Suite, Apt. #, etc. <i>Box 2</i> | | Suite, Apt. #, etc. | | |
| City & State <i>Tavernier FL</i> | | City & State <i>Tavernier FL</i> | | |
| Zip <i>33070</i> | Country <i>USA</i> | Zip <i>33070</i> | Country <i>USA</i> | |
| 6. Name and Address of Current Registered Agent NEWBERRY, THOMAS J 224 TARPON STREET TAVERNIER, FL 33070 | | 7. Name and Address of New Registered Agent Name <i>Thomas J Newberry</i> Street Address (P.O. Box Number is Not Acceptable) <i>93351 Overseas Hwy</i> <i>Box 2</i> City <i>Tavernier</i> FL Zip Code <i>33070</i> | | |
| 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 <i>[Signature]</i> DATE <i>11/31/07</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | |
| FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 | | | | |
| 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 # NAME STREET ADDRESS CITY-ST-ZIP | M03000001367 WINDSORR ALTERNATIVE INVESTMENTS, LLC 224 TARPON STREET TAVERNIER, FL 33070 | STREET ADDRESS CITY-ST-ZIP | <i>93351 Overseas Hwy, Box 2</i> <i>Tavernier, FL 33070</i> | |
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| 14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: <i>[Signature]</i> DATE <i>11/31/07</i> 305-393-1738 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <small>Date</small> <small>Daytime Phone #</small> | | | | |

STAPLE CHECK HERE