2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038757

Address:

City-St-Zip:

Entity Name: K. HOVNANIAN WINDWARD HOMES, LLC

FILED Jan 14, 2004 Secretary of State

Littly Nai	me. K. HOVN	ANIAN WINDWARD HOWES, L	LC			
Current Principal Place of Business:			New Principal Place of Business:			
SUITE 105	50	ER BOULEVARD				
TAMPA, F	L 33634 US	6				
Current Mailing Address:			New Mailing Address:			
5439 BEAU SUITE 105 TAMPA, F	50	ER BOULEVARD				
FEI Number:	: 20-0301995	FEI Number Applied For ()	FEI Number Not App	icable () Certific	ate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1400 CEN SUITE 100	EFFREY D TREPARK BO 00 LM BEACH, FL					
	named entity see of Florida.	submits this statement for the pu	ırpose of changing i	ts registered office or	registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			nt	Date		
MANAGING MEMBERS/MEMBERS:			ADDITION	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	HOVNANIAN DE	Delete EVELOPMEN, TS OF FLROIDA, INC. 5 P.O. BOX 500 07701 US	Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	MGR () Change NADER, DAVID A PRES 5439 BEAUMONT CENT TAMPA, FL 33634		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	MGR () Change HORNE, THOMAS C PR 5439 BEAUMONT CENT TAMPA, FL 33634		
Title: Name:	()	Delete	Title: Name:	MGR () Change WALKER, KAREN M DIF	(X) Addition RECTO	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

5439 BEAUMONT CENTER BLVD., STE. 1050

TAMPA, FL 33634

SIGNATURE: THOMAS CHAD HORNE PRES 01/14/2004