2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2007
Secretary of State

DOCUMENT# L03000038757

Entity Name: K. HOVNANIAN WINDWARD HOMES, LLC

Current Principal Place of Business:

5439 BEAUMONT CENTER BOULEVARD
SUITE 1050
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

5439 BEAUMONT CENTER BOULEVARD
SUITE 1050
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 20-0301995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	HOVNANIAN DEVELOPMEN, TS OF FLORIDA, INC.	
Address:	10 HIGHWAY 35 P.O. BOX 500	
City-St-Zip:	RED BANK, NJ 07701 US	
Title:	MGR	( ) Delete
Name:	NADER, DAVID A PRESIDE	
Address:	5439 BEAUMONT CENTER BLVD., STE. 1050	
City-St-Zip:	TAMPA, FL 33634	
Title:	MGR	( ) Delete
Name:	HORNE, THOMAS C PRESIDE	
Address:	5439 BEAUMONT CENTER BLVD., STE. 1050	
City-St-Zip:	TAMPA, FL 33634	
Title:	MGR	( ) Delete
Name:	WALKER, KAREN M VP	
Address:	5439 BEAUMONT CENTER BLVD., STE. 1050	
City-St-Zip:	TAMPA, FL 33634	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: DAVE NADER PRES 07/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date