2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000038757

Entity Name: K. HOVNANIAN WINDWARD HOMES, LLC

FILED Aug 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5439 BEAUMONT CENTER BOULEVARD **SUITE 1050** TAMPA, FL 33634 US **Current Mailing Address: New Mailing Address:** 5439 BEAUMONT CENTER BOULEVARD **SUITE 1050** TAMPA, FL 33634 US FEI Number: 20-0301995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DRIVE STE 4 WESTON, FL 33331 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete HOVNANIAN DEVELOPMEN, TS OF FLORIDA, INC. Name: Name: 10 HIGHWAY 35 P.O. BOX 500 Address: Address: City-St-Zip: RED BANK, NJ 07701 US City-St-Zip: Title: MGR Title: (X) Change () Addition () Delete NADER, DAVID A PRESIDE Name: SCHULMEYER, GEORGE S PRESIDE Name: Address: 5439 BEAUMONT CENTER BLVD., STE. 1050 Address: 5439 BEAUMONT CENTER BLVD., STE. 1050 City-St-Zip: TAMPA, FL 33634 City-St-Zip: TAMPA, FL 33634 Title: MGR () Delete Title: MGR (X) Change () Addition HORNE, THOMAS C PRESIDE MILLER, EDWIN G VP Name: Name: 5439 BEAUMONT CENTER BLVD., STE. 1050 5439 BEAUMONT CENTER BLVD., STE. 1050 Address: Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: TAMPA, FL 33634 (X) Change () Addition Title: MGR () Delete Title: MGR Name: WALKER, KAREN M VP Name: CORACE, PAUL H VP 5439 BEAUMONT CENTER BLVD., STE. 1050 Address: Address: 5439 BEAUMONT CENTER BLVD., STE. 1050 TAMPA, FL 33634 City-St-Zip: TAMPA, FL 33634 City-St-Zip: Title: () Delete Title: MGR () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GEORGE S. SCHULMEYER, PRESIDENT

Name:

Address:

City-St-Zip:

08/16/2007

WALKER, KAREN M VP

TAMPA, FL 33634

5439 BEAUMONT CENTER BLVD., STE. 1050