2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000059547

Entity Name

WINDSOR MANAGEMENT LLC



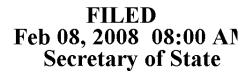
Principal Place of Business

601 W. DELAWARE AVE IMMOKALEE, FL 34142 Mailing Address

899 S. PLYMOUTH

#105

CHICAGO, IL 60605





01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 01-0837900 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NIEWIAROWSKI, ANDREW J 601 W. DELAWARE AVE IMMOKALEE, FL 34142

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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.	
	\cdot	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000821373 02/19/08-80022-007 143.75

9.	MANAGING MEMBERS/MANAGERS
NAME STREET ADDRESS CITY-ST-ZIP	MGR NIEWIAROWSKI, ANDREW J 6601 W. DELAWARE AVE IMMOKALEE, FL 34142
NAME STREET ADDRESS CITY+ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME SIRELT ADDRESS CITY-ST-ZIP	
THE NAME STREET ADDRESS CITY-ST-ZIP	·
NAME SIREET ADDRESS CITY-ST-ZIP	

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11. 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 eath; that 1 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

SIGNATURE AND TYPED OR PRINT

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-31-08

<u>312-980-1505</u>

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