

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122327

FILED  
May 24, 2006  
Secretary of State

**Entity Name:** WINDSOR HILLS INVESTORS, LLC

**Current Principal Place of Business:**

2525 MANESHAWS LN  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CARMEN J. MEMOLI  
1130 HOOPER AVENUE  
TOMS RIVER, NJ 08753 US

**New Mailing Address:**

FEI Number: 20-4010612      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:**

SEVASTAKIS, JOHN C  
2844 S.E. MONROE STREET  
STUART, FL 34997 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: MEMOLI, CARMEN J  
Address: 1130 HOOPER AVENUE  
City-St-Zip: TOMS RIVER, NJ 08753 US

Title: MGRM ( ) Delete  
Name: SEVASTAKIS, JOHN C  
Address: 30 HAINES COVE DRIVE  
City-St-Zip: TOMS RIVER, NJ 08753 US

**ADDITIONS/CHANGES:**

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: CARMEN J. MEMOLI

MGRM

05/24/2006

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