2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L05000122327

Entity Name: WINDSOR HILLS INVESTORS, LLC

Current Principal Place of Business:

2525 MANESHAW LSNE
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:

C/O CARMEN J. MEMOLI
230 MAIN STREET
TOMS RIVER, NJ 08753 US

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: MGRM (X) Change ( ) Addition
Name: MEMOLI, CARMEN J
Address: 921 STAMLER DRIVE
City-St-Zip: TOMS RIVER, NJ 08753 US

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 05/01/2007

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