

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

03-31-2008 90272 039 ***138.75

DOCUMENT # L07000048101 1. Entity Name WINDSOR PENTHOUSE 21, LLC					
Principal Place of Business 96 CONYERS FARM DRIVE GREENWICH, CT 06831-2735			Mailing Address 96 CONYERS FARM DRIVE GREENWICH, CT 06831-2735		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address C/O JOHN JUSTICE P.O. BOX 860 SARATOGA SPRINGS, NY 12866 USA			
City & State Zip		City & State SARATOGA SPRINGS, NY Zip 12866		4. FEI Number 03042008 Chg-LLC CR2E083 (12/06)	
Country		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
B. Name and Address of Current Registered Agent R & A AGENTS, INC. % MARK J. PRICE 850 PARK SHORE DRIVE, THIRD FLOOR NAPLES, FL 34103-3587				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MEMBER NAME JAMES KILTS STREET ADDRESS 96 CONYERS FARM DRIVE CITY-ST-ZIP GREENWICH, CT 06831-2735	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <small>SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)</small>			JAMES KILTS 3/14/08 <small>Date</small>		518-886-4221 <small>Daytime Phone #</small>