

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002598

FILED
Mar 06, 2007
Secretary of State

Entity Name: STEINEMANN WINDSOR PARKE I, L.L.C.

Current Principal Place of Business:

13901 SUTTON PARK DRIVE SOUTH
160
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

13901 SUTTON PARK DRIVE SOUTH,
160
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-3599076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UPCHURCH, FRANK D
780 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 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: MGR () Delete
Name: STEINEMANN DEVELOPME, NT COMPANY-FLO R IDA INC
Address: 13901 SUTTON PARK DRIVE S., STE 160
City-St-Zip: JACKSONVILLE, FL 32224

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STEINEMANN DEVELOPME, NT COMPANY-FLO R IDA INC
Address: 13901 SUTTON PARK DRIVE S., STE 160
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR () Change (X) Addition
Name: CILLS, MICHAEL B
Address: 13901 SUTTON PARK DR. S., STE 160
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL B. CILLS

MGR

03/06/2007

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