

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001367

FILED  
Jan 08, 2008  
Secretary of State

**Entity Name:** WINDSOR ALTERNATIVE INVESTMENTS, LLC

**Current Principal Place of Business:**

93351 OVERSEAS HWY  
BOX 2  
TAVERNIER, FL 33070

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9299  
TAVERNIER, FL 33070

**New Mailing Address:**

**FEI Number:** 83-0355669

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NEWBERRY, THOMAS J  
93351 OVERSEAS HWY  
BOX 2  
TAVERNIER, FL 33070 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:** WINDSOR FINANCIAL GR, OUP, LLC  
**Address:** 222 SOUTH NINTH ST., SUITE 3350  
**City-St-Zip:** MINNEAPOLIS, MN 55402

**Title:** MGRM ( ) Delete  
**Name:** T.N.T. INVESTMENTS,, INC.  
**Address:** 93351 OVERSEAS HWY, BOX 2  
**City-St-Zip:** TAVERNIER, FL 33070

**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:** THOMAS J NEWBERRY

PRES

01/08/2008

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