


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

01,
FILED
May 01, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M03000003221 1. Entity Name WINDSOR 1900 LLC |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 399 PARK AVE., 8TH FLOOR NEW YORK, NY 10022 | Mailing Address 399 PARK AVE., 8TH FLOOR NEW YORK, NY 10022 |
|---|---|



04272006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 4. FEI Number 20-0246864 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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 reinstating) _____ DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------|---------------------------|
| TITLE | MGRM |
| NAME | WINDSOR 1900 HOLDINGS LLC |
| STREET ADDRESS | 399 PARK AVE., 8TH FLOOR |
| CITY-ST-ZIP | NEW YORK, NY 10022 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000548492
05/12/06-80064-021 55.00

DO NOT WRITE IN THIS SPACE

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: *Thomas J. Keedy* 4/27/06 561-333-3669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #