

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

011
FILED
May 01, 2007 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**



04292007 No 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 ☐ **\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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	
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IN THIS SPACE**

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05/21/07-80010-008 55.00

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Thomas J Keady

4/30/07

561-333-3669

Date

Daytime Phone #