


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

<b>DOCUMENT # M03000003221</b> 1. Entity Name <b>WINDSOR 1900 LLC</b>	
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Principal Place of Business <b>399 PARK AVE., 8TH FLOOR</b> <b>NEW YORK, NY 10022</b>	Mailing Address <b>399 PARK AVE., 8TH FLOOR</b> <b>NEW YORK, NY 10022</b>
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04272006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

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

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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	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/12/06-80064-021 55.00

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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 #