


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # M03000003221


1. Entity Name
WINDSOR 1900 LLC



Principal Place of Business Mailing Address

399 PARK AVE., 8TH FLOOR **399 PARK AVE., 8TH FLOOR**
NEW YORK, NY 10022 **NEW YORK, NY 10022**

DO NOT WRITE IN THIS SPACE



04292007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0246864	Applied For Not Applicable
5. Certificate of Status Desired <input 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

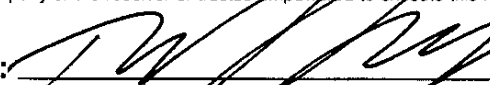
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINDSOR 1900 HOLDINGS LLC 399 PARK AVE., 8TH FLOOR NEW YORK, NY 10022
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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:  **Thomas J Keady** 4/30/07 561-333-3669

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