


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000001236

1. Entity Name
CWCAPITAL LLC



Principal Place of Business
**63 KENDRICK STREET
 NEEDHAM, MA 02494**

Mailing Address
**63 KENDRICK STREET
 NEEDHAM, MA 02494**

DO NOT WRITE IN THIS SPACE



01072004 No Chg.-LLC CR2E083 (10/03)

4. FEI Number
02-0590657 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 _____ 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, 2004**

01/29/04-80032-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHUSTER, TODD 63 KENDRICK STREET NEEDHAM, MA 02494
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERMAN, MICHAEL D 63 KENDRICK STREET NEEDHAM, MA 02494
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLIN, ANDRE 1000 PLACE JEAN PAUL RIOPELLE MONTREAL, QUE., CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANSEREAU, RICHARD 1000 PLACE JEAN PAUL RIOPELLE MONTREAL, QUE., CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIBEAULT, PIERRE 1000 PLACE JEAN PAUL RIOPELLE MONTREAL, QUE., CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Todd Schuster* **Todd Schuster, Manager** 1/8/04 781-707-9301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #