


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # M02000001236 1. Entity Name CWCAPITAL LLC	
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Principal Place of Business 63 KENDRICK STREET NEEDHAM, MA 02494	Mailing Address 63 KENDRICK STREET NEEDHAM, MA 02494
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DO NOT WRITE IN THIS SPACE


 01112007No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0590657	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

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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 _____ 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

U00000594697
 01/23/07-80009-016 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 DANSEREAU, RICHARD 1000 PLACE JEAN PAUL RIOPELLE MONTREAL, QUE., CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHARPENTIER, SYLVAIN 1000 PLACE JEAN PAUL RIOPELLE MONTREAL, QUE., CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEFEBVRE, LINE 1000 PLACE JEAN PAUL RIOPELLE MONTREAL, QUE., CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  *Michael D. Berman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: *1/12/07*
 Daytime Phone #: *781-707-9333*