


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90063 034 \*\*\*\*50.00

**DOCUMENT # M02000001852**

1. Entity Name  
**MODERN WOODCRAFTS, LLC**



Principal Place of Business  
**72 NORTHWEST DR.  
 FARMINGTON INDUSTRIAL PARK  
 FARMINGTON, CT 06034**

Mailing Address  
**72 NORTHWEST DR.  
 FARMINGTON INDUSTRIAL PARK  
 FARMINGTON, CT 06034**

**40040667**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03152006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**04-3600607**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMAN, PHILIP W		NAME		
STREET ADDRESS	72 NORTHWEST DR.		STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON, CT 06034		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSAY, DONALD C		NAME		
STREET ADDRESS	72 NORTHWEST DR.		STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON, CT 06034		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHARD, JEAN LOUIS		NAME		
STREET ADDRESS	72 NORTHWEST DR.		STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON, CT 06034		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALLENBACH, WILLIAM M		NAME		
STREET ADDRESS	72 NORTHWEST DR.		STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON, CT 06034		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRING, PETER G		NAME		
STREET ADDRESS	72 NORTHWEST DR		STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON, CT 06034		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Donald C Ramsay* President Date: *4/26/06* Daytime Phone #: *(860) 677-7371*

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

*Donald C Ramsay*