

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JAN 18 AM 9:38

<b>DOCUMENT #</b> B13000000120 1. Entity Name NORCRAFT COMPANIES, L.P.					
Principal Place of Business 3020 DENMARK AVENUE SUITE 100 EAGAN, MN 55121 7			Mailing Address 3020 DENMARK AVENUE SUITE 100 EAGAN, MN 55121 7		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-4231718	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 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			800085838928 01/23/07--01017--005 **500.00 DATE		
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP	BULLER, MARK 3020 DENMARK AVENUE STE. 100 EAGAN, MN 55121		STREET ADDRESS CITY-STATE-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP	GINTER, LEIGH E 3020 DENMARK AVENUE STE. 100 EAGAN, MN 55121		STREET ADDRESS CITY-STATE-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP	VAN HORNE, DAVID B 3020 DENMARK AVENUE STE. 100 EAGAN, MN 55121		STREET ADDRESS CITY-STATE-ZIP		
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Date Daytime Phone #					

STAPLE CHECK HERE