



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000049717		
1. Entity Name GEOFF STATLER WOODCRAFTS LLC		
Principal Place of Business 2601 WEBB AVE BAY 4 DELRAY BEACH, FL 33444		Mailing Address 2601 WEBB AVE BAY 4 DELRAY BEACH, FL 33444
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STATLER, GEOFFREY 2601 WEBB AVE, BAY 4 DELRAY BEACH, FL 33444		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE	MGR	
NAME	STATLER, GEOFFREY	
STREET ADDRESS	2601 WEBB AVE, BAY 4	
CITY - ST - ZIP	DELRAY BEACH, FL 33444	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
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: 		Date: 4/18/06 Daytime Phone #: 561 279 8960



04182006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 26-4061290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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05/02/06-80098-022 50.00