2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000049717

1. Entity Name
GEOFF STATLER WOODCRAFTS LLC

Principal Place of Business	Mailing Address
2601 WEBB AVE	2601 WEBB AVE
BAY 4	BAY 4
DELRAY BEACH, FL 33444	DELRAY BEACH, FL 33444

DO NOT WRITE IN THIS SPACE

03282007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
26-4061290	Not Applicable

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

6. Name and Address of Current Registered Agent

STATLER, GEOFFREY
2601 WEBB AVE, BAY 4
DELRAY BEACH, FL 33444

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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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
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	
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NAME	
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CITY-ST-ZIP	

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04/10/07-80003-024 50.00

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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: _Geoffry W. Stk_   3/28/07   561 279 8960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #