## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUT

## DOCUMENT # L04000040498

Entity Name

NORDIC WOODCRAFTERS, LLC



Principal Place of Business 12407 YORKTOWN LANE HUDSON, FL 34667 US Mailing Address

12407 YORKTOWN LANE HUDSON, FL 34667 US FILED May 05, 2006 8:00 am Secretary of State

05-05-2006 90034 043 \*\*\*\*50.00

PADZAAAA



05012006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1177129

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

Date

6. Name and Address of Current Registered Agent

VORELAND, EGIL 12407 YORKTOWN LANE HUDSON, FL 34667

SIGNATURE:

## 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  |                           | (NOTE: Registered Agent signature required when reinstating)  DATE |                |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |                           |  |                |
| 9.   | MANAGING MEMBERS/MANAGERS |  |                |
| TITLE  | MGRM                      |  |                |
| NAME   | VORELAND, EGIL            |  |                |
| STREET ADDRESS   | 12407 YORKTOWN LANE       |  |                |
| CITY-ST-ZIP  | HUDSON, FL 34667          |  |                |
| TITLE  |                           |  |                |
| NAME   |                           |  |                |
| STREET ADDRESS   |                           |  |                |
| CITY-ST-ZIP  |                           |  |                |
| TITLE  |                           | •  |                |
| NAME   |                           |  |                |
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| CITY-ST-ZIP  |                           |  | DO MOT ANKITE  |
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| NAME   |                           |  | IN ITIIS STACE |
| STREET ADDRESS   |                           |  |                |
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| TITLE  |                           |  |                |
| NAME   |                           |  |                |
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| CITY-ST-ZIP  |                           |  |                |
| TITLE  |                           |  |                |
| NAME   |                           |  |                |
| STREET ADDRESS   |                           |  |                |
| CITY-ST-ZIP  |                           | /  |                |
| 11. I hereby certify that the information supplied with this films 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 triat my sign after 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 of trustee empowered execute this report as required by Chapter 608, Florida Statutes. |                           |  |                |

ORIZED REPRESENTATIVE