2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
2006 JAN 25 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400064493064

DOCUMENT # M02000001236

1. Entity Name
CWCAPITAL LLC

Principal Place of Business	Mailing Address
63 KENDRICK STREET NEEDHAM, MA 02494	63 KENDRICK STREET NEEDHAM, MA 02494

01192006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0590657
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHUSTER, TODD
STREET ADDRESS	63 KENDRICK STREET
CITY-ST-ZIP	NEEDHAM, MA 02494
TITLE	MGR
NAME	BERMAN, MICHAEL D
STREET ADDRESS	63 KENDRICK STREET
CITY-ST-ZIP	NEEDHAM, MA 02494
TITLE	MGR
NAME	DANSEREAU, RICHARD
STREET ADDRESS	1000 PLACE JEAN PAUL RIOPELLE
CITY-ST-ZIP	MONTREAL, QUE., CANADA,
TITLE	MGR
NAME	CHARPENTIER, SYLVAIN
STREET ADDRESS	1000 PLACE JEAN PAUL RIOPELLE
CITY-ST-ZIP	MONTREAL, QUE., CANADA,
TITLE	MGR
NAME	LEFEBVRE, LINE
STREET ADDRESS	1000 PLACE JEAN PAUL RIOPELLE
CITY-ST-ZIP	MONTREAL, QUE., CANADA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ Authorized Representative 1/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Scott D. Spafford 781-707-9300

CSC.

CORPORATION SERVICE COMPANY

M02000001236

ACCOUNT NO. : 072100000032

REFERENCE : 830269 7363140

AUTHORIZATION :

COST LIMIT : $ 50.00

ORDER DATE : January 24, 2006

ORDER TIME : 10:0 AM

ORDER NO. : 830269-005

CUSTOMER NO: 7363140

FILED
2006 JAN 25 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: CWCAPITAL LLC

RECEIVED
06 JAN 25 AM 10:51
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: _____