


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90009 016 ***550.00

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1. Entity Name
CIGPF I CORP.



Principal Place of Business
**390 GREENWICH, 4TH FLOOR
 NEW YORK, NY 10013**

Mailing Address
**388 GREENWICH ST, 22ND FLOOR
 NEW YORK, NY 10013**

50020035

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
*3800 Citigroup Center Dr.
 G2-18
 Tampa, FL
 33610*



05172006 Chg-P CR2E034 (11/05)

4. FEI Number
86-1069185

5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	ISENBERG, RICHARD A	
STREET ADDRESS	390 GREENWICH ST, 4TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10013	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAWKE, CHRISTOPHER J	
STREET ADDRESS	390 GREENWICH ST, 4TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10013	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	ROSENBERG, ARI	
STREET ADDRESS	390 GREENWICH ST, 4TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10013	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VICECONTE, JAMIE	
STREET ADDRESS	390 GREENWICH ST, 4TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10013	
TITLE	T	<input type="checkbox"/> Delete
NAME	FREIDENRICH, SCOTT	
STREET ADDRESS	388 GREENWICH ST.	
CITY-ST-ZIP	NEW YORK, NY 10013	
TITLE	AT	<input type="checkbox"/> Delete
NAME	ANZEL, KEITH	
STREET ADDRESS	388 GREENWICH ST.	
CITY-ST-ZIP	NEW YORK, NY 10013	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randall Costa	
STREET ADDRESS	390 Greenwich St.	
CITY-ST-ZIP	New York, NY 10013	
TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robyn Gomez	
STREET ADDRESS	3800 Citigroup Center Dr.	
CITY-ST-ZIP	Tampa, FL 33610	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____