
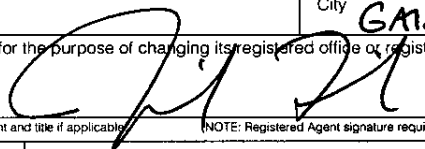


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90006 037 \*\*\*\*50.00

<b>DOCUMENT # L99000005608</b> 1. Entity Name CIC-INTERNATIONAL, L.L.C.					
Principal Place of Business 10832 N.W. 65TH WAY ALACHUA, FL 32615			Mailing Address % JENNIFER C. FINCH 426 NW 25TH ST. GAINESVILLE, FL 32607		
2. Principal Place of Business <b>426 NW 25th St.</b>		3. Mailing Address <b>JF</b> <b>426 NW 25th St.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>GAINESVILLE, FL</b>		City & State		02232004 Chg-LLC CR2E083 (10/03)	
Zip <b>32607</b>		Country <b>USA</b>		4. FEI Number <b>65-0952499</b>	
Zip <b>32607</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  FINCH, JENNIFER C 10832 NW 65TH WAY ALACHUA, FL 32615				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>426 NW 25th St.</b> City <b>GAINESVILLE</b> FL Zip Code <b>32607</b>	
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 <b>2/23/04</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INTERVAL FINANCIAL SERVICES, L.C. 12403 NACOGDOCHES, #110 SAN ANTONIO, TX 78217			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>NORMAN A. CARPENTER</b> <b>3/26/04</b> <b>(210) 599-7926</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					