


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90191 025 ****50.00

DOCUMENT # M01000001337

1. Entity Name
CIG INTERNATIONAL, LLC



Principal Place of Business
**222 WEST COMSTOCK AVE.
 #112
 WINTER PARK, FL 32789**

Mailing Address
**222 WEST COMSTOCK AVE.
 #112
 WINTER PARK, FL 32789**

20009726



2. Principal Place of Business
4445 Willard Avenue

3. Mailing Address
4445 Willard Avenue

Suite, Apt. #, etc.
12th floor

Suite, Apt. #, etc.
12th Floor

City & State
Chevy Chase, MD

City & State
Chevy Chase, MD

Zip Country
20815 USA

Zip Country
20815 USA

01252005 Chg-LLC CR2E083 (10/03)

4. FEI Number
52-2125607

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** 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)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROUSE, THOMAS C 1350 CONNECTICUT AVE., N.W., STE. 1250 WASHINGTON, DC 20036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager CapitalSource Finance LLC 4445 Willard Avenue Chevy Chase, MD 20815 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABBETT, JON P 1350 CONNECTICUT AVE., N.W., STE. 1250 WASHINGTON, DC 20036 <input checked="" 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	MGRM ENOKIDO, KASHIYO 1350 CONNECTICUT AVE., N.W., STE. 1250 WASHINGTON, DC 20036 <input checked="" 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	MGRM LEVIN, BRUCE S 1350 CONNECTICUT AVE., N.W., STE. 1250 WASHINGTON, DC 20036 <input checked="" 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	MGRM NAKATA, YOSHIHIRO 666 FIFTH AVE., 10TH FLOOR NEW YORK, NY 10103 <input checked="" 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	MGRM OKAZAKI, TAKAAKI 666 FIFTH AVE., 10TH FLOOR NEW YORK, NY 10103 <input checked="" 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: Steven A. Museles Date: 2/10/05 Daytime Phone #: (301) 841-2732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE