

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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01252005 Chg-LLC CR2E083 (10/03)

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
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2. Principal Place of Business 4445 Willard Avenue Suite, Apt. #, etc. 12th floor City & State Chevy Chase, MD Zip 20815 Country USA	3. Mailing Address 4445 Willard Avenue Suite, Apt. #, etc. 12th floor City & State Chevy Chase, MD Zip 20815 Country USA
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4. FEI Number 52-2125607	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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
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 2/10/05 (301) 841-2732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #