

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001337

Entity Name: CIG INTERNATIONAL, LLC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

%CAPITALSOURCE - CAROLYN SILVA
4445 WILLARD AVE., 12TH FLOOR
CHEVY CHASE, MD 20815

New Principal Place of Business:

%CAPITALSOURCE - CAROLYN SILVA
4445 WILLARD AVE., 12TH FLOOR
CHEVY CHASE, MD 20815 US

Current Mailing Address:

%CAPITALSOURCE - CAROLYN SILVA
4445 WILLARD AVE., 12TH FLOOR
CHEVY CHASE, MD 20815

New Mailing Address:

%CAPITALSOURCE - CAROLYN SILVA
4445 WILLARD AVE., 12TH FLOOR
CHEVY CHASE, MD 20815 US

FEI Number: 52-2125607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAPITAL SOURCE FINANCE, LLC
Address: 4445 WILLARD AVENUE
City-St-Zip: CHEVY CHASE, MD 20815 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAPITALSOURCE FINANCE, LLC
Address: 4445 WILLARD AVENUE CHEVY CHASE MD 20815 U
City-St-Zip: CHEVY CHASE, MD 20815 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CAPITALSOURCE FINANCE LLC

MGR

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date