


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000000281	
1. Entity Name CG2 LLC	

Principal Place of Business 11 STANWIX ST., 15TH FLOOR PITTSBURGH, PA 15222	Mailing Address 11 STANWIX ST., 15TH FLOOR PITTSBURGH, PA 15222
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DO NOT WRITE IN THIS SPACE



03152005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 26-0000250	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent COHEN, HENRY C 27200 RIVERVIEW CENTER BLVD., STE. 309 BONITA SPRINGS, FL 34134	
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IN THIS SPACE

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.

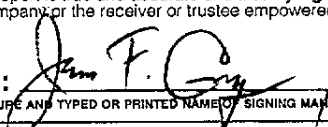
SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLIOTT, JACK W 11 STANWIX ST., 15TH FLOOR PITTSBURGH, PA 15222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, JAMES B 11 STANWIX ST., 15TH FLOOR PITTSBURGH, PA 15222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEDESCO, ALLAN J 11 STANWIX ST., 15TH FLOOR PITTSBURGH, PA 15222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	JAMES F. CINQUE CONTROLLER	3/18/05	412-297-4954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #