


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000002431</b> 1. Entity Name CGI SALES, LLC	
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Principal Place of Business 8008 E. ARAPAHOE COURT, STE. 200 CENTENNIAL, CO 80112	Mailing Address 8008 E. ARAPAHOE COURT, STE. 200 CENTENNIAL, CO 80112
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01062005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 48-1279050	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.  
103 N MERIDIAN STREET  
LOWER LEVEL  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, THOMAS 8008 E. ARAPAHOE COURT, STE. 200 CENTENNIAL, CO 80112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, MICHELLA G 8008 E. ARAPAHOE COURT, STE. 200 CENTENNIAL, CO 80112
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1100000358745  
05/04/05-80123-018 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Mitchell Clark*

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

4-29-05

303 220 5080

Date

Daytime Phone #