

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000004007 1. Entity Name COLUMN GUARANTEED LLC	
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Principal Place of Business 3414 PEACHTREE ROAD, NE, SUITE 1140 ATLANTA, GA 30326-1113	Mailing Address C/O CSFB, INC 11 MADISON AVENUE NEW YORK, NY 10010
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DO NOT WRITE IN THIS SPACE



01102005No Chg-LLC CR2E083 (10/03)

4. FEI Number 72-1283369	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

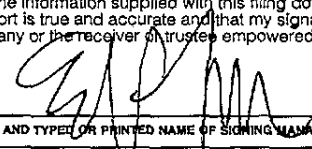
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRENNAN, ROB 11 MADISON AVENUE NEW YORK, NY 10010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUINN, KIERAN 3414 PEACHTREE ROAD, NE, SUITE 1140 ATLANTA, GA 303261113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LERNER, RICH 11 MADISON AVENUE NEW YORK, NY 10010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, DARRELL 3414 PEACHTREE ROAD, NE, SUITE 1140 ATLANTA, GA 303261113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARNES, ROBERT A 3414 PEACHTREE RD NE SUITE 1140 ATLANTA, GA 30326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT FLYNN, EDWARD W 11 MADISON AVENUE NEW YORK, NY 10010

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02/02/05-80007-018 50.00

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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)(f), 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:  **EDWARD W. FLYNN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date **1-20-06** Daytime Phone # **(212) 325-5832**