2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M03000004007

1. Entity Name
COLUMN GUARANTEED LLC

Principal Place of Business	Mailing Address
3414 PEACHTREE ROAD, NE, SUITE 1140 ATLANTA, GA 30326-1113	C/O CSFB,INC 11 MADISON AVENUE NEW YORK, NY 10010

01102005 No Chg-LLC CR2E083 (10/03)

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

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

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

U00000208784
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)(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: _____ EDWARD W. FLYNN 1-20-06 (212) 325-5832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #