

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000005628

1. Entity Name
CATASTROPHE SERVICES INTERNATIONAL, LLC



Principal Place of Business

**162 ADAMS STREET
SUITE 201
DENVER, CO 80206**

Mailing Address

**162 ADAMS STREET
SUITE 201
DENVER, CO 80206**



02192007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1970641

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DANSBY, DAN
STREET ADDRESS	4239 N. HALL STREET
CITY-ST-ZIP	DALLAS, TX 75219
TITLE	MGRM
NAME	SINCLAIR, CHRIS
STREET ADDRESS	162 ADAMS STREET, SUITE 201
CITY-ST-ZIP	DENVER, CO 80206
TITLE	MGR
NAME	PAVELKA, DAVID
STREET ADDRESS	162 ADAMS STREET, SUITE 201
CITY-ST-ZIP	DENVER, CO 80206
TITLE	MGRM
NAME	MILES, RONALD
STREET ADDRESS	5150 CANARY LN
CITY-ST-ZIP	NAMPA, ID 83687
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/07-80018-013 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

2/20/07

Date

303-393-1338

Daytime Phone #