


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90184 003 ****50.00

DOCUMENT # M05000002966	
1. Entity Name CITIGROUP SERVICES LLC	

Principal Place of Business 399 PARK AVENUE NEW YORK, NY 10022	Mailing Address 300 ST PAUL PL ATTN: TAX DEPT BSPIOD BALTIMORE, MD 21202
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60016248



01302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1747717	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSEN, SAUL M 399 PARK AVENUE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INGBER, ALAN L 75 HOLLY HILL LANE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, SETH L 75 HOLLY HILL LANE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, KENNETH S 425 PARK AVENUE NEW YORK, NY 10022 Remove
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EHLKE, GREGORY C 153 EAST 53RD STREET NEW YORK, NY 10022 Remove
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Alan L Ingber Alan L. Ingber 02/16/07 203-862-2027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #