2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000002894

1. Entity Name
CPCG GOLD I, LLC

Principal Place of Business	Mailing Address
545 SOUTH FIGUEROA STREET, SUITE 614 LOS ANGELES, CA 90071	545 SOUTH FIGUEROA STREET, SUITE 614 LOS ANGELES, CA 90071

04042008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0064637
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

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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)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000890501
04/22/08-80097-013 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	WRIGHT, KENTON
STREET ADDRESS	545 SOUTH FIGUEROA STREET, SUITE 614
CITY-ST-ZIP	LOS ANGELES, CA 90071
TITLE	MGR
NAME	SANDS, HOWARD
STREET ADDRESS	545 SOUTH FIGUEROA STREET, SUITE 614
CITY-ST-ZIP	LOS ANGELES, CA 90071
TITLE	MGR
NAME	TRACY, SCOTT
STREET ADDRESS	545 SOUTH FIGUEROA STREET, SUITE 614
CITY-ST-ZIP	LOS ANGELES, CA 90071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: STR Mg 4-4-08 213 488-9325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #