

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000005349

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** CAPITALSOURCE CF LLC

**Current Principal Place of Business:**

5404 WISCONSIN AVENUE  
2ND FLOOR  
CHEVY CHASE, MD 20815 US

**New Principal Place of Business:**

**Current Mailing Address:**

5404 WISCONSIN AVENUE  
2ND FLOOR  
CHEVY CHASE, MD 20815 US

**New Mailing Address:**

**FEI Number:** 26-0563180

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CAPITALSOURCE TRS LLC  
**Address:** 5404 WISCONSIN AVENUE  
**City-St-Zip:** CHEVY CHASE, MD 20815 US

**Title:** P  
**Name:** PIECZYNSKI, JAMES  
**Address:** 30699 RUSSELL RANCH ROAD, #200  
**City-St-Zip:** WESTLAE VILLAGE, CA 91362 US

**Title:** S  
**Name:** OGROSKY, KORI  
**Address:** 5404 WISCONSIN AVENUE  
**City-St-Zip:** CHEVY CHASE, MD 20815 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** CAROLYN SILVA

AR

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date