


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90191 015 \*\*\*\*50.00

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**DOCUMENT # M97000000138**  
 1. Entity Name  
**CENTERPOINT FINANCIAL SERVICES, LLC**



Principal Place of Business      Mailing Address  
**1675 LARIMER STREET, SUITE 500**      **1675 LARIMER STREET, SUITE 500**  
**DENVER CO 80202**      **DENVER CO 80202**

**34000649**



2. Principal Place of Business      3. Mailing Address  
**3435 W Shaw Ave**      **3435 W Shaw Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 107**      **Suite 107**

City & State      City & State  
**Fresno, CA**      **Fresno, CA**  
 Zip      Country      Zip      Country  
**93711**           **93711**           **MOORE**      **CR2E083 (11/03)**

4. FEI Number      Applied For  
**84-1374440**       Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required  
     

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MEM	OTTO, JOHN W 49180 SUNROSE LANE PALM DESERT CA 92260	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MEM	OTTO, KATHLEEN J 49180 SUNROSE LANE PALM DESERT CA 92260	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGRM	SCHIELL, CHARLES R 1675 LARIMER STREET, SUITE 880 DENVER CO 80202	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGRM	WAGNER, RONALD L 1675 LARIMER ST., STE 500 DENVER CO 80202	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE MEMBER	Schiell, Charles R 13949 W Colfax, Ste 200 Golden, CO 80401	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MANAGER	Freeman, Wendy 3435 W Shaw Ave., Ste 107 Fresno, CA 93711	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE MEMBER		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MEMBER		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Wendy Freeman*      Wendy Freeman, Manager      2/2/04      559-276-2738  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

Attachment  
M9 T000000038

MANAGING MEMBERS/MANAGERS

John W Otto, Member  
49180 Sunrose Lane  
Palm Desert, CA 92260

Kathleen J Otto, Member  
49180 Sunrose Lane  
Palm Desert, CA 92260

Charles R. Schiell, Member  
13949 W Colfax, Ste 200  
Golden, CO 80401

Wendy Freeman, Manager  
3435 W Shaw Ave., Suite 107  
Fresno, CA 93711