


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

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 #

