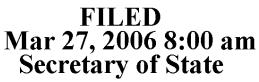
2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT #1.05000082083

SIGNATURE: SIGNATURE ON TYPED OR PRINTED NAME



1. Entity Name CODABLUE, LLC							03-27-2006	90049	010 ****5	0.00
Principal Place of Business 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131			Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131				: #1571 1100 4000 1000 8000	II 18:11 :30:88	(1811 68 18) (8188))	N 2 :
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01252006	Chg-LLC	CR2E	083 (11/05)	
City & State			City & State			4. FE Numb	309028	-3	⊢ —I	phed for it Applicable
Zip	Country		Zíp Coun		ntry	5. Certificate of Status Desired \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New R	egistered	Agent	
520 BRICK SUITE 0-3	KELL KEY 05	RPORATE ADMINST DRIVE	RATION LLC		(P.O. Box Numb	er is Not Acceptable	·)			
MIAMI, FL 33131										:
					City FL Zip Cc					
8. The above	named entitions of regis	y submits this statement for tered agent.	the purpose of changing its	register	ed office or registe	ered agent, or bo	th, in the State of Flo	rida. Lam	familiar with,	and accept
SIGNATURE .		y								
	Signature, typed	or printed name of registered agent an	nd tille if applicable. (NOT	E: Registere	ed Agent signature require	ed when reinstating)	-	STAG		
Filing Fee is \$50.00 Due by May 1, 2006						:			payable to nent of State	•
9.	MANAGING MEMBERS/MANAGERS					1	ADDITIONS /	CHANGE	S	<u></u>
NAME STREET ADDRESS CITY-ST-7IP	1	STEIN, HECTOR D CKELL KEY DRIVE L 33131	☐ Delote						[] Chantle	☐ Addision
THLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Delete THE DE GERZENSTEIN, NORMA CORINA NAF 520 BRICKELL KEY DRIVE S18				Ε		***************************************		Change	- Addison
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		†				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Deiele			. ,			☐ Change	[] Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	ME EET ADDRESS 7-ST-ZIP				☐ Change	Addition
Indicated	i dii inis rend	ne information supplied with ort is true and accurate and to ony or the receiver or trustee	hal my signalura shall baya	i lha cam	a least affect as if	made under cell	is that I am a maga-	urther cert ging meml	ify that the info per or manage	rmation er of the

HECTOR GERZENSTEIN
SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/02/06