


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90049 010 ****50.00

DOCUMENT # L05000082083

1. Entity Name
CODABLUE, LLC




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**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01252006 Chg-LLC CR2E083 (11/05)

4. FFL Number **20-3090223** Applied Fee Not Applicable

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

6. Name and Address of Current Registered Agent

**TRANSGLOBAL CORPORATE ADMINSTRATION LLC
 520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GERZENSTEIN, HECTOR D 520 BRICKELL KEY DRIVE MIAMI, FL 33131 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DE GERZENSTEIN, NORMA CORINA 520 BRICKELL KEY DRIVE MIAMI, FL 33131 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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10. ADDITIONS/CHANGES

| | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  **HECTOR GERZENSTEIN** 03/02/06 305-3743800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Telephone #