2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# L01000013047

Entity Name: SPATIALSOFT LLC

Current Principal Place of Business:

375 CYPRESS KNEE LANE
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

375 CYPRESS KNEE LANE
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3736941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUKHERJEE, ANUPAM
375 CYPRESS KNEE LANE
LAKE MARY, FL 32746 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/MEMBERS:

Title:	MGR ( ) Delete
Name:	KODURU, LALITHA
Address:	102 WEST LANDSDOWNE CIRCLE
City-St-Zip:	THE WOODLANDS, TX 77382 US
Title:	MGRM ( ) Delete
Name:	MUKHERJEE, ANUPAM
Address:	1032 RIDGE POINT COVE
City-St-Zip:	LONGWOOD, FL 32750 US
Title:	MGR ( ) Delete
Name:	DUARTE, PAULO
Address:	375 CYPRESS TREE LANE
City-St-Zip:	LAKE MARY, FL 32746 US

ADDITIONS/CHANGES:

Title:	MGR (X) Change ( ) Addition
Name:	KODURU, HARI
Address:	102 WEST LANDSDOWNE CIRCLE
City-St-Zip:	THE WOODLANDS, TX 77382 US
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANUPAM MUKHERJEE MGRM 04/25/2005

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