## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

CITY-ST-ZIP

## Apr 21, 2005 08:00 AM Secretary of State DOCUMENT # L02000023920 CRYPTOBITS, LLC Principal Place of Business Mailing Address 201 EAST DI LIDO DRIVE 201 EAST DI LIDO DRIVE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 CR2E083 (10/03) 04082005 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0369578 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEOPOLD, KORN & LEOPOLD, P.A. DO NOT WRITE 20801 BISCAYNE BLVD. 501 IN THIS SPACE AVENTURA, FL 33180 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, typed or printed name of registered agent and title # applicable (NOTE Registered Agent signature required when reinstaling) Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGR TITLE EDELSTEIN, CRAIG NAME 201 EAST DI LIDO DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE U00000321174 04/21/05-80069-007 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CMY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED**