2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# L05000058598

Entity Name: CODE CONSULTING SERVICES, LLC

Current Principal Place of Business:

407 LINCOLN ROAD, SUITE #300
MIAMI BEACH, FL 33139

New Principal Place of Business:

407 LINCOLN RD.
500
MIAMI BEACH, FL 33139

Current Mailing Address:

P.O. BOX 402792
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 20-2998253 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VARGAS, ARTURO
407 LINCOLN ROAD, SUITE
#300
MIAMI BEACH, FL 33139 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/MANAGERS:

Title: MGR ( ) Delete
Name: VARGAS, ARTURO U
Address: P.O. BOX 402792
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGR ( ) Delete
Name: CHIBRAS, MIGUEL A
Address: P.O. BOX 402792
City-St-Zip: MIAMI BEACH, FL 33140 US

ADDITIONS/CHANGES:

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 exemption stated in Chapter 119, 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: ARTURO VARGAS MGR 04/29/2007

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