File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # L98000000251** 1a. Principal Place of Business Address CODESPRING, L.C. 1210 COLUMBUS BOULEVARD 1210 COLUMBUS BOULEVARD CORAL GABLES FL 33134 CORAL GABLES FL 33134 3. Date Organized or Qualified 2 Principal Place of Business 3a. State of Formation 43500 3601 "S"St. NW 03/02/1998 Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable WASHINGTON, DC 5. Date of Last Report 6. Certificate of Status Desired Zιp Country \$8.75 Additional Fee Required U/SA 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office STANCIOFF, ALEX 1210 COLUMBUS BIVD. Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 Suite. Apt #. etc Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment SIGNATURE . Business Street Address 10. Title Managing Members/Managers City, State and Zip Code MGRM STANCIOFF, ALEXANDER C 1210 COLUMBUS BOULEVARD CORAL GABLES FL 33/34 MGRM MISHKOVSKY, MILEN I 199 BAUGHMAN'S LANE FRESERICK-MD WASHINGTON, DC. 20007 3601 "S" STREET NW 300002671233--¢ -05/11/93--01051--012 ****188.75 ****188.75 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. Hurther certify that the information indicated on this annual 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an

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SIGNATURE: