

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000251

Entity Name: CODESPRING, L.C.

FILED
Jan 05, 2005
Secretary of State

Current Principal Place of Business:

3211 PONCE DE LEON BLVD.
SUITE 101
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3801 HARLANO STREET
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0817311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANCIOFF, ALEX
3801 HARLANO STREET
CORAL GABLES, FL 33134 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: MISHKOVSKY, MILEN I
Address: 3601 'S' STREET, N.W.
City-St-Zip: WASHINGTON, DC 20007 US

Title: MGR () Delete
Name: STANCIOFF, ALEX C
Address: 3801 HARLANO STREET
City-St-Zip: CORAL GABLES, FL 33134 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 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: ALEX STANCIOFF

MGR

01/05/2005

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