


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000025118 1. Entity Name HEMISPHERE INTERNATIONAL TERMINAL HOLDINGS, LLC	
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Principal Place of Business 125 NE 9TH ST. MIAMI, FL 33132	Mailing Address 125 NE 9TH ST. MIAMI, FL 33132
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	Country	

01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number **11-3716926** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ARAZOZA & FERNANDEZ-FRAGA, P.A.
 2100 SALZEDO ST, STE 300
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	MGR	
NAME	ROVIROSA, FRANK	
STREET ADDRESS	125 NE 9TH ST.	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE	MGR	
NAME	ROVIROSA, RICHARD	
STREET ADDRESS	125 NE 9TH ST.	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

00000459145
 03/18/06 80019-011 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Frank V. Rovirosa **Frank V. Rovirosa** 3/3/06 305 373 4765