2000 UNIFORM BUSINESS REPORT (UBR)

000375B AF

DOCUMENT # L99000004551

Entity Name

HEMISPHERIC HOLDING CO., L.L.C.

FILED
00 APR 10 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7801 LOS PINOS BLVD. CORAL GABLES FL 33143-6451	7801 LOS PINOS BLVD. CORAL GABLES FL 33143-6451

2. Principal Place of Business	3. Mailing Address
2600 Douglas Road	same as 2
Suite, Apt. #, etc.: Suite 807	Suite, Apt. #, etc.
City & State: Coral Gables, Fl.	City & State
Zip: 33134 Country: Dade	Zip Country

4. FEI Number 65-0941890 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~BLAKE, JOHN H~~ ~~7801 LOS PINOS BLVD.~~ ~~CORAL GABLES FL 33143-6451~~	Name: Robert A. Freeman Street Address (P.O. Box Number is Not Acceptable): 2601 South Bayshore Drive, 12th Floor, City: Miami **FL** Zip Code: 33133

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.

SIGNATURE: Robert A. Freeman DATE: April 1, 2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BLAKE, JOHN H 7801 LOS PINOS BLVD. CORAL GABLES FL 33143-6451 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager/Member Representative ☒ Change ☐ Addition Blake, John H. 7801 Los Pinos Blvd. Coral Gables, Fl 33143-6451
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JIMINEZ, JULIO 7801 LOS PINOS BLVD. CORAL GABLES FL 33143-6451 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Representative/Director ☐ Change ☒ Addition Philip James c/o Primary Investment Group,2nd Fl.,John Swan Bldg.,Victoria St.,Hamilton,Bermuda
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RIVERA, NITZA 7801 LOS PINOS BLVD. CORAL GABLES FL 33143-6451 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000003219510--9 -04/24/00--01020--017 *****55.00 *****55.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ULLOA, CARLOS 2601 S. BAYSHORE DR., #2040 MIAMI FL 33133 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Representative ☒ Change ☐ Addition Ulloa, Carlos 2600 Douglas Road,Suite 402, Coral Gables, Fl. 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ULLOA, JULIO 2601 S. BAYSHORE DR., #2040 MIAMI FL 33133 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KING, MICHAEL 5 LLOYDS AVENUE LONGON EC3N 3AE ENGLAND ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Representative/Director ☒ Change ☐ Addition King, Michael 5 Lloyds Avenue London EC3N 3AE England dcc

CR2E083 (9/99)

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: SIGNATURE REQUIRED MARCH 31, 2000 305-443-6267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #