


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 03, 2004 08:00 AM
Secretary of State**

DOCUMENT # L01000005479 1. Entity Name HEMISPHERIC REINSURANCE GROUP, L.L.C.	
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Principal Place of Business DOUGLAS CENTRE 2600 DOUGLAS ROAD CORAL GABLES, FL 33134 US	Mailing Address 2600 DOUGLAS ROAD SUITE 1008 CORAL GABLES, FL 33134 US
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01232004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2318974	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BLAKE, JOHN H 7801 LOS PINOS BLVD. CORAL GABLES, FL 33143-6451
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DO NOT WRITE IN THIS SPACE

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.

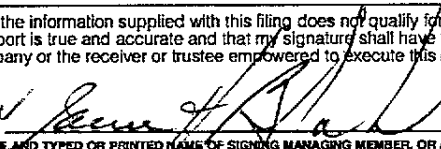
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP BLAKE, JOHN H 2600 DOUGLAS ROAD SUITE 1008 CORAL GABLES, FL 33134
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<p>1100000027707 02/03/04-30057-011 55.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  **1/26/04** **305-443-4100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #