

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000022572

1. Entity Name
HEMISPHERIC HOLDING COMPANY, L.L.C.



Principal Place of Business
**2600 S. DOUGLAS ROAD
SUITE 1008
CORAL GABLES, FL 33134**

Mailing Address
**2600 S. DOUGLAS ROAD
SUITE 1008
CORAL GABLES, FL 33134**



01232004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLAKE, JOHN H
2600 S. DOUGLAS ROAD
SUITE 1008
CORAL GABLES, FL 33134**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BLAKE, JOHN H
2600 S. DOUGLAS ROAD
CORAL GABLES, FL 33134**

TITLE
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CITY-ST-ZIP

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1100000027709
02/03/04-80057-012 55.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/26/04

305-443-4100