
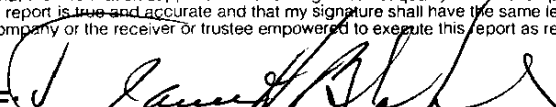


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90033 012 \*\*\*\*55.00

<b>DOCUMENT # L01000022572</b> 1. Entity Name <b>HEMISPHERIC HOLDING COMPANY, L.L.C.</b>					
Principal Place of Business <b>2600 S. DOUGLAS ROAD SUITE 1008 CORAL GABLES, FL 33134</b>			Mailing Address <b>2600 S. DOUGLAS ROAD SUITE 1008 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business - No P.O. Box # <b>777 Brickell Avenue</b> Suite, Apt. #, etc. <b>Suite 1112</b> City & State <b>Miami, Florida</b> Zip <b>33131</b>			3. Mailing Address <b>777 Brickell Avenue</b> Suite, Apt. #, etc. <b>Suite 1112</b> City & State <b>Miami, Florida</b> Zip <b>33131</b>		
Country <b>US</b>			Country <b>US</b>		
6. Name and Address of Current Registered Agent  <b>BLAKE, JOHN H 2600 S. DOUGLAS ROAD SUITE 1008 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>BLAKE, JOHN H</b> <b>2600 S. DOUGLAS ROAD</b> <b>CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>Blake, John M.</b> <b>777 Brickell Avenue, Suite 1112,</b> <b>Miami, Florida 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>1/25/07</b>		Daytime Phone # <b>305-377-0009</b>