# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 31, 2008**
**Secretary of State**

DOCUMENT# L02000010852

**Entity Name:** HEMISPHERES FLORIDA I, LLC

**Current Principal Place of Business:**

12 RIDGE DRIVE
WESTPORT, CT 06880

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 448
WESTPORT, CT 06880

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

ROSENFELD, MITCHELL J
C/O MILKOWITZ & LYONS
29605 US HIGHWAY 19 N, SUITE 110
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

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: _____
Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: ROSENFELD, MITCHELL J
Address: 12 RIDGE DRIVE
City-St-Zip: WESTPORT, CT 06880

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MITCHELL J ROSENFELD MMBR 07/31/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date