

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016760

FILED
Apr 22, 2004
Secretary of State

Entity Name: THE HEMISPHERE GROUP, LLC

Current Principal Place of Business:

ATTN: GREGORY N. ANDRIS
901 PONCE DE LEON BLVD., SUITE 505
CORAL GABLES, FL 33134

New Principal Place of Business:

ATTN: GREGORY N. ANDRIS
1665 WASHINGTON AVENUE, 3RD FL
MIAMI BEACH, FL 33139

Current Mailing Address:

ATTN: GREGORY N. ANDRIS
901 PONCE DE LEON BLVD., SUITE 505
CORAL GABLES, FL 33134

New Mailing Address:

ATTN: GREGORY N. ANDRIS
1665 WASHINGTON AVENUE, 3RD FL
MIAMI BEACH, FL 33139

FEI Number: 75-3073811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDRIS, GREGORY N
901 PONCE DE LEON BLVD., SUITE 505
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

ANDRIS, GREGORY N
1665 WASHINGTON AVE
THIRD FLOOR
MIAMI BEACH, FL 33139

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: GREGORY N. ANDRIS

04/22/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ANDRIS, GREGORY N
Address: 901 PONCE DE LEON BLVD., SUITE 505
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ANDRIS, GREGORY N
Address: 1665 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GREGORY N. ANDRIS

MGRM

04/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date