2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016480

Entity Name: HEMISPHERE INTERNATIONAL, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
P.O. BOX 880088 BOCA RATON, FL 334880088	4100 NORTH POWERLINE ROAD BUILDING P-5 POMPANO BEACH, FL 334880088 US
Current Mailing Address:	**New Mailing Address:**
P.O. BOX 880088 BOCA RATON, FL 334880088	P.O. BOX 880088 BOCA RATON, FL 334880088 US

FEI Number: 11-3688171   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
HRAWG CORP. 1801 N. MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431 US	HRAWG CORP. 1801 N. MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431 US

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: MITCHELL B. KIRSCHNER   02/04/2005
_____
            Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:		( ) Change ( ) Addition
Name:	GERBER, BILL	Name:		
Address:	PO BOX 880088	Address:		
City-St-Zip:	BOCA RATON, FL 334880088 US	City-St-Zip:		
Title:	MGR ( ) Delete	Title:		( ) Change ( ) Addition
Name:	ORLOWSKY, SCOTT	Name:		
Address:	PO BOX 880088	Address:		
City-St-Zip:	BOCA RATON, FL 334880088 US	City-St-Zip:		

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: BILL GERBER, MANAGING MEMBER   MGRM   02/04/2005
_____
        Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date