

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90223 047 \*\*\*\*55.00

**DOCUMENT # L03000025575**

1. Entity Name  
**HEMINGWAY POINT, LLC**



Principal Place of Business  
**14600 SW 136TH ST  
MIAMI, FL 33186**

Mailing Address  
**14600 SW 136TH ST  
MIAMI, FL 33186**



02072006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0719067**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HARRIS, ELLITT  
111 SW 3RD ST, 6TH FLOOR  
MIAMI, FL 33130**

**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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	<b>GARCIA-CARRILLO, PEDRO</b>
STREET ADDRESS	<b>14600 SW 136TH STREET</b>
CITY-ST-ZIP	<b>MIAMI, FL 33186</b>
TITLE	MGRM
NAME	<b>Garcia-Carrillo Maria</b>
STREET ADDRESS	<b>14600 SW 136 Street</b>
CITY-ST-ZIP	<b>Miami, Florida 33186</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

*Elliott Harris*

Authorized  
Representative

**2/16/06 (305) 358-0146**

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

Date

Daytime Phone #