

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2005 8:00 am
Secretary of State

04-25-2005 90094 032 ****50.00

30009818



DOCUMENT # L04000003915 1. Entity Name HEMINGWAY COPYRIGHTS, L.L.C.					
Principal Place of Business 3558 ROYAL PALM AVENUE COCONUT GROVE, FL 33133			Mailing Address 3558 ROYAL PALM AVENUE COCONUT GROVE, FL 33133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3055565	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HEMINGWAY, IDA 3558 ROYAL PALM AVENUE COCONUT GROVE, FL 33133			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 re-registering)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HEMINGWAY, IDA 3558 ROYAL PALM AVENUE COCONUT GROVE, FL 33133	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HEMINGWAY, VANESSA 111 ESMERALDA DRIVE SANTA CRUZ, CA 95060	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HEMINGWAY, PATRICK 1529 WEST 4TH STREET, APT. #3 VANCOUVER, B.C., CANADA	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

LAW OFFICES
**WICKER, SMITH, O'HARA
McCOY, GRAHAM & FORD, P.A.**

GROVE PLAZA BUILDING, 5TH FLOOR
2900 MIDDLE STREET (S.W. 28TH TERRACE)
MIAMI, FLORIDA 33133
(305) 448-3939
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ATTACHMENT 30009818
L04000003915

FORT LAUDERDALE
(954) 847-4800
WEST PALM BEACH
(561) 689-3800

ORLANDO
(407) 843-3939
TAMPA
(813) 222-3939

NAPLES
(239) 430-1120
JACKSONVILLE
(904) 355-0225

June 27, 2005

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

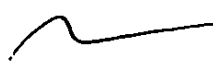
RE: Hemingway Copyrights, L.L.C.
Our File No.: 49984-2

Dear Sir or Madam:

I return herewith the Annual Report for Hemingway Copyrights, L.L.C. containing the employer identification number.

Thank you for your attention to this matter.

Very truly yours,


Nicholas E. Christin

NEC/kfp
Enclosure