# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jun 29, 2005 8:00 am**
**Secretary of State**
04-25-2005 90094 032 ****50.00

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DOCUMENT # L04000003915

1. Entity Name
HEMINGWAY COPYRIGHTS, L.L.C.

30009818

| Principal Place of Business | Mailing Address |
|---|---|
| 3558 ROYAL PALM AVENUE<br>COCONUT GROVE, FL 33133 | 3558 ROYAL PALM AVENUE<br>COCONUT GROVE, FL 33133 |

04192005 Chg-LLC CR2E083 (10/03)

| 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 ☐ Applied For ☐ Not Applicable

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<br>3558 ROYAL PALM AVENUE<br>COCONUT GROVE, FL 33133 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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<br>HEMINGWAY, IDA<br>3558 ROYAL PALM AVENUE<br>COCONUT GROVE, FL 33133 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>HEMINGWAY, VANESSA<br>111 ESMERALDA DRIVE<br>SANTA CRUZ, CA 95060 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>HEMINGWAY, PATRICK<br>1529 WEST 4TH STREET, APT. #3<br>VANCOUVER, B.C., CANADA. | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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 Date Daytime Phone #

LAW OFFICES
WICKER, SMITH, O'HARA
McCOY, GRAHAM & FORD, P.A.
GROVE PLAZA BUILDING, 5TH FLOOR
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ORLANDO
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TAMPA
(813) 222-3939
NAPLES
(239) 430-1120
JACKSONVILLE
(904) 355-0225

ATTACHMENT 30009818
#L04000003915

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