

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038874

FILED
Jan 06, 2005
Secretary of State

Entity Name: THE HEMINGWAY WPB, LLC

Current Principal Place of Business:

3110 NE 2ND AVENUE
MIAMI, FL 33137 US

New Principal Place of Business:

211 SW 2 STREET
STE E
FORT LAUDERDALE, FL 33301 US

Current Mailing Address:

3110 NE 2ND AVENUE
MIAMI, FL 33137 US

New Mailing Address:

211 SW 2 STREET
STE E
FORT LAUDERDALE, FL 33301 US

FEI Number: 20-1217128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIBOW, ALLEN H ESQ.
3351 NW 2ND AVENUE
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

URBAN CORE DEVELOPMENT, LC
211 SW 2 STREET
STE E
FORT LAUDERDALE, FL 33301 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: AARON NEWMAN

01/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: NEWMAN, AARON
Address: 3110 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HEMINGWAY JV, LLC,
Address: 211 SW 2 STREET, STE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM () Change (X) Addition
Name: SAMUEL HEMINGWAY, LL, C
Address: 3110 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

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: AARON NEWMAN

MGRM

01/06/2005

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