

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038874

Entity Name: THE HEMINGWAY WPB, LLC

FILED
Jan 19, 2006
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

101 SE 15TH AVENUE
UNIT E
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

PO BOX 14818
FORT LAUDERDALE, FL 33302 US

FEI Number: 20-1217128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

URBAN CORE DEVELOPMENT, LC
211 SW 2 STREET
STE E
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HEMINGWAY JV, LLC,
Address: PO BOX 14818
City-St-Zip: FORT LAUDERDALE, FL 33302

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

01/19/2006

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