

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

\$50.00

DOCUMENT # L05000040681			
1. Entity Name THE HEMINGWAY AT SAILBOAT BEND, LLC			
Principal Place of Business 721 NE 3RD AVENUE FORT LAUDERDALE FL 33308		Mailing Address 721 NE 3RD AVENUE FORT LAUDERDALE FL 33308	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



FILED

07 FEB 15 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE

CR2E083 (10/06)

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4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLARK, THOMAS M 2400 EAST COMMERCIAL BOULEVARD, SUITE 820 FORT LAUDERDALE FL 33308		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State 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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007</p>		<p align="center">400088900514 02/21/07--01026--022 **111.25</p>

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PALMETTO CAPITAL, LLC 721 NE 3RD AVENUE FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:	<i>[Signature]</i> Ralph H. Douris, II	Date	1/31/07	Daytime Phone #	954-525-0240
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