


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90146 024 \*\*\*\*50.00

<b>DOCUMENT # L05000088040</b>					
1. Entity Name HEMINGWAY DEVELOPMENT COMPANY, LLC					
Principal Place of Business 721 NE 3RD AVENUE FORT LAUDERDALE, FL 33304			Mailing Address 721 NE 3RD AVENUE FORT LAUDERDALE, FL 33304		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  CLARK, THOMAS M 2400 EAST COMMERCIAL BOULEVARD, SUITE 820 FORT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent 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 resigning) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOERING, RALPH H III 721 NE 3RD AVENUE FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOERING, JOHN C 721 NE 3RD AVENUE FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Ralph H. Doering III</u> (Ralph H. Doering, III) 4/24/06 954-525-0210					

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04212008 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3454962 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required