

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000098884

1. Entity Name

THE HEMINGWAY AT KNOLL RIDGE, LLC



FILED

07 FEB -2 PM 4: 47

Principal Place of Business

721 NE 3RD AVE.  
FT. LAUDERDALE FL 33304

Mailing Address

721 NE 3RD AVE.  
FT. LAUDERDALE FL 33304

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

4. FEI Number

20-3613475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

CLARK, THOMAS M  
2400 EAST COMMERCIAL BLVD. SUITE 820  
FT. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

500088728435  
02/19/07--01039--026 \*\*111.25

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME DOERING, RALPH H III  
STREET ADDRESS 721 NE 3RD AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE MGR ☐ Delete  
NAME ROSCHMAN, JEFFREY S  
STREET ADDRESS 721 NE 3RD AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Ralph H. Doering III*  
Ralph H. Doering III

1/30/07

954-525-0210 x16