

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112633

FILED
Apr 27, 2007
Secretary of State

Entity Name: THE WESTERN HEMISPHERE GROUP, L.L.C.

Current Principal Place of Business:

4846 N. UNIVERSITY DRIVE
403
FT. LAUDERDALE, FL 33351

New Principal Place of Business:

Current Mailing Address:

4846 N. UNIVERSITY DRIVE
403
FT. LAUDERDALE, FL 33351

New Mailing Address:

FEI Number: 61-1513714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHIS, WESLEY III
4846 N. UNIVERSITY DR.
403
FT. LAUDERDALE, FL 33351 US

Name and Address of New Registered Agent:

MATHIS, WESLEY
4846 N. UNIVERSITY DR.
403
FT. LAUDERDALE, FL 33351 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: WESLEY MATHIS

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MATHIS, WESLEY III
Address: 4846 N. UNIVERSITY DR, SUITE 403
City-St-Zip: FT. LAUDERDALE, FL 33351

Title: MGR () Delete
Name: BYTHWOOD, DARYL
Address: 4846 N. UNIVERSITY DR., SUITE 403
City-St-Zip: FT. LAUDERDALE, FL 33351

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MATHIS, WESLEY
Address: 4846 N. UNIVERSITY DR, SUITE 403
City-St-Zip: FT. LAUDERDALE, FL 33351

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

I hereby certify that the information supplied with this filing does not qualify 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: WESLEY MATHIS

MGR

04/27/2007

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