

2001 UNIFORM BUSINESS REPORT (UBR)

1683100

DOCUMENT # L99000007422

1. Entity Name
HOBE SOUND MANAGEMENT II, L.L.C.

FILED
 01 MAY -4 PM 2:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
494 S. BEACH ROAD **494 S. BEACH ROAD**
HOBE SOUND FL 33455 **HOBE SOUND FL 33455**

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number **65-0966518** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HANLON, M. TIMOTHY
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MAGILIO, VINCENT 494 SOUTH BEACH ROAD HOBE SOUND FL 33455 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ <input type="checkbox"/> Delete |

10. ADDITIONS / CHANGES

| | |
|--|---|
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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*******50.00 *****50.00**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **X** _____ SIGNATURE REQUIRED: _____ **4-27-01** **561-546-4660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)