

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90183 008 ****50.00

DOCUMENT # M02000003512	
1. Entity Name BRISTOL NORTHERN INDUSTRIAL II LLC	



Principal Place of Business % BRISTOL GROUP, INC. 4000 MONTGOMERY ST., SUITE 400 SAN FRANCISCO, CA 94104	Mailing Address % BRISTOL GROUP, INC. 4000 MONTGOMERY ST., SUITE 400 SAN FRANCISCO, CA 94104
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20010700



2. Principal Place of Business Bristol Group, Inc.	3. Mailing Address Bristol Group, Inc.
Suite, Apt. #, etc. 400 Montgomery St, Suite 400	Suite, Apt. #, etc. 400 Montgomery St, Suite 400
City & State San Francisco, CA	City & State San Francisco, CA
Zip 94104	Country USA

01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number 52-2391445	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRISTOL GROUP, INC. 400 MONTGOMERY ST., SUITE 400 SAN FRANCISCO, CA 94104 <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 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: Todd J. McClay Date: 1/11/05 Daytime Phone #: (415) 398-1022

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

Date

Daytime Phone #