

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A00000001408

1. Entity Name

HGL PROPERTIES L.P. II, LTD.



Principal Place of Business

8120 NATIONS WAY, SUITE 202
JACKSONVILLE FL 32256

Mailing Address

8120 NATIONS WAY, SUITE 202
JACKSONVILLE FL 32256

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

MARK A. REINSCH
2700 LAKE SHORE BLVD
JACKSONVILLE FL 32210

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.

DATE

9. Capital Contributions
as Shown on record.

\$50,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # P98000002697
NAME HGL PROPERTIES G.P., INC.
STREET ADDRESS 8120 NATIONS WAY, SUITE 202
CITY-ST-ZIP JACKSONVILLE FL 32256

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

600035706236
05/06/04--01038--019 **526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Handed in OP 87.50
(Progress) 438.75

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

WILLIAM W SCOT VP

Date

2/4/04

Signature Phone #

904.256.3444

FILED

2004 APR 30 P 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

STAPLE CHECK HERE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 603957 5012152

AUTHORIZATION :

Patricia Figueira

COST LIMIT : \$ 50.00

ORDER DATE : April 30, 2004

ORDER TIME : 12:04 PM

ORDER NO. : 603957-085

CUSTOMER NO: 5012152

CUSTOMER: Mr. Michael V. Pollard
Hilb, Rogal And Hamilton
4951 Lake Brook Drive, #500

Glen Allen, VA 23060

ANNUAL REPORT FILING

NAME: HILB, ROGAL AND HAMILTON
COMPANY OF PITTSBURGH, L.L.C.

RECEIVED
04 MAY -3 PM 3:01
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: _____