

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

FILED

04 JUL 30 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07012004 Chg-LP CR2E003 (10/03)

4. FEI Number **13-3400086** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

KEY CORPORATE SERVICES, INC.  
2 SOUTH BISCAYNE BLVD., 34TH FLOOR  
C/O GUNSTER YOAKLEY  
MIAMI, FL 33131

Name **GUNSTER, YOAKLEY & STEWART P.A.**  
Street Address (P.O. Box Number is Not Acceptable) **2 BISCAYNE BLVD, STE. 3400**  
**AHM! EDGAR LEWIS**  
City **MIAMI** FL Zip Code **33131-1897**

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 **GUNTER YOAKLEY & STEWART P.A.** **EDGAR LEWIS** **7/22/2004**  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record: **\$2,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **M97000000651**  
NAME **H & G II ASSOCIATES, L.L.C.**  
STREET ADDRESS **65 WEST 36TH STREET SUITE 1200**  
CITY-ST-ZIP **NEW YORK, NY 10018**

STREET ADDRESS **900039950339**  
CITY-ST-ZIP **08/06/04 01047 008 \*\*535.00**

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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: **Valand** **7/22/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE