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

STAPLE CHECK HERE

DOCUMENT # A9900002117 1. Entity Name HHC II, LTD.					Mar 04, 2004 08:00 AM Secretary of State	
Principal Place of Business Mailing Address				•	·	
C/O B. REX HAGEN P.O. BOX 880 108 OAK AVENUE ANNA MARIA FL 3421 ANNA MARIA FL 34216			216		3 (MARKAN) (MAKA (MAKA (MAKA (MAKA)) BANK) BANK) BANK) BANK) BANK) BANK) BANK (MAKA) (MAKA) (MAKA) (MAKA) (MAK	
2. Principal Place of Business		3. Mailing Address		· · · · · · · · · · · · · · · · · · ·		
Suite, Apt. #, etc.		Suite, Apt #, etc			MOORE CR2E003 (11/03)	
City & State		City & State Zip Country			4. FEI Number 65-0972294 Applied For Not Applicable	
Zip Country Zip		Zip	Cou	nary	5. Certificate of Status Desired	
	6. Name and Address of Curren	Registered Agent			7. Name and Address of New Registered Agent	
NAJMY, JOSEPH L				Name		
C/O PORGES HAMLIN KNOWLES & PROUTY 1205 MANATEE AVENUE WEST				Street Address (P.O. Box Number is Not Acceptable)		
BRA	ADENTON FL 34205			City	FL Zip Code	
	e named entity submits this statement fations of registered agent.	or the purpose of changing	its registe	red office or register	ed agent, or both, in the State of Flonda. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE						
9. Capital Contributions \$20,000,000.00 10. Amount of Capital in FLORIDA to da				butions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER NOTE: General Partners M.	THAT IS A BUSINESS E AY NOT be changed on	NTITY &	MUST BE REGIST n; an amendmen	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION			13.		ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS	TABORESS 108 OAK AVE. ANNA MARIA FL 34216		STE	REET ADDRESS		
CITY - ST- ZIP			Cir	Y - ST- ZIP	U00000087879 	
DOCUMENT / NAME	Viving and the second s		STR	IFET ADORESS		
STREET ADDRESS CITY-SY-ZIP			ear -	Y-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP			grr -	Y-ST-ZIP		
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STREET ADDRESS CITY-SI-ZIP	A Principal Control of the Control o		em	Y-ST-ZIP		
DOCUMENT # NAME			STR	EET AODRESS		
STREET ADDRESS CITY+ST-ZIP				Y-ST-ZIP		
14. I hereby indicated the recen	certify that the information supplied wit f on this report is true and accurate and ver or trustee empowered to execute the	n this filing does not qualify I that my signature shall hav iis report as required by Cha	for the exe re the sam apter 620,	emption stated in Se te legal effect as if n Florida Statutes	ction 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath, that I am a General Partner of the limited partnership or	

B. REX Hogen, as brisident 2/28/04 941-748-3770

FILED