


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

\$550.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT -4 AM 8:00

DOCUMENT # F99000004179		
1. Entity Name HQM AT WINTERHAVEN II, INC.		

Principal Place of Business 2401 PGA BOULEVARD, SUITE 155 PALM BEACH GARDENS FL 33410	Mailing Address 2401 PGA BOULEVARD, SUITE 155 PALM BEACH GARDENS FL 33410
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2. Principal Place of Business 2979 PGA Blvd. Palm Beach Gardens, FL 33410	3. Mailing Address 2979 PGA Blvd. Palm Beach Gardens, FL 33410
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MOORE

CR2E034 (4/04)

MRS

4. FEI Number 65-0938436	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ADAMS, SANDRA L 2401 PGA BOULEVARD, SUITE #155 PALM BEACH GARDENS FL 33410	
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7. Name and Address of New Registered Agent Name: Sandra Adams Street Address: 2979 PGA Blvd. City: Palm Beach Gardens, FL 33410	
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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: <i>Sandra Adams</i> Signature, typed or printed name of registered agent and title if applicable.	DATE: 8/31/04 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD FAGO, ELIZABETH 2401 PGA BOULEVARD, SUITE 155 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOS WALCZAK, PAUL 2401 PGA BOULEVARD, SUITE 155 PALM BEACH GARDENS FL 33410 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2979 PGA BOULEVARD PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2979 PGA BOULEVARD PALM BEACH GARDENS, FL 33410 <input checked="" 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	600041668276 10/07/04--01031--005 **3350.00 <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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: <i>PAUL WALCZAK</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 8/31/04 Date	DAYTIME PHONE # Daytime Phone #
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