


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90320 020 ***143.75

DOCUMENT # L03000029834

1. Entity Name
SCHOOL DEVELOPMENT HG II LLC



Principal Place of Business
**C/O IGNACIO G. ZULUETA, ESQ.
 6255 BIRD ROAD
 MIAMI, FL 33155**

Mailing Address
**C/O IGNACIO G. ZULUETA, ESQ.
 6255 BIRD ROAD
 MIAMI, FL 33155**



2. Principal Place of Business - No P.O. Box #
6361 Sunset DR

3. Mailing Address
6361 Sunset DR

Suite, Apt. #, etc.

04032008 Chg-LLC CR2E083 (12/06)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
90-0135210

Applied For
 Not Applicable

Zip
33143

Country

Zip
33143

Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ATRIUM REGISTERED AGENTS, INC 1500 SAN REMO AVE STE 125 MIAMI, FL 33146	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZULUETA, IGNACIO G		NAME	
STREET ADDRESS 6255 BIRD ROAD		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33155		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME MGR Wright, Rosanne	
STREET ADDRESS		STREET ADDRESS 8401 SW 19 ST	
CITY-ST-ZIP		CITY-ST-ZIP North Lauderdale, FL 33068	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Rosanne Wright Rosanne Wright 4/13/08 305-669-2906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #