


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90042 021 ****50.00

DOCUMENT # L04000041668	
1. Entity Name HIBISCUS TITLE II, LLC	

Principal Place of Business 14411 COMMERCE WAY SUITE 315-B MIAMI LAKES, FL 33016	Mailing Address 14411 COMMERCE WAY SUITE 315-B MIAMI LAKES, FL 33016
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2. Principal Place of Business 2525 N. SR 7	3. Mailing Address 2525 N. SR 7
Suite, Apt. #, etc. SUITE 209	Suite, Apt. #, etc. SUITE 209
City & State HOLLYWOOD FL	City & State HOLLYWOOD FL
Zip 33021	Country USA

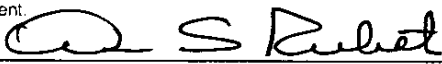


02242005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1203199	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RUBENSTEIN, WILLIAM S 14411 COMMERCE WAY SUITE 315B MIAMI LAKES, FL 33016	7. Name and Address of New Registered Agent Name WILLIAM S. RUBENSTEIN Street Address (P.O. Box Number is Not Acceptable) 2525 N. SR 7 SUITE 209 City HOLLYWOOD FL Zip Code 33021
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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  **24 FEB 2005**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUBENSTEIN, WILLIAM S 14411 COMMERCE WAY, SUITE 315-B MIAMI LAKES, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUBENSTEIN, WILLIAM S. 2525 N SR 7, SUITE 209 HOLLYWOOD FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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:  **WILLIAM S. RUBENSTEIN** **954 966 4005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE