

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-10-2006 90168 029 ****50.00

DOCUMENT # L05000013201

1. Entity Name
HPI-SRV II, LLC



Principal Place of Business
1550 ORANGE BLOSSOM TRAIL, NE
PALM BAY, FL 32905 US

Mailing Address
1550 ORANGE BLOSSOM TRAIL, NE
PALM BAY, FL 32905 US

30001237



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3562404

Applied For
Not Applicable

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

GILBERT, JOHN R
1550 ORANGE BLOSSOM TRAIL, NE
PALM BAY, FL 32905

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME GILBERT, JACK R
STREET ADDRESS 1550 ORANGE BLOSSOM TRAIL, NE
CITY - ST - ZIP PALM BAY, FL 32905 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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

Jack R Gilbert



ATTACHMENT
50001237

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2006

HPI-SRV II, LLC
1550 ORANGE BLOSSOM TRAIL, NE
PALM BAY, FL 32905 US

Subject: HPI-SRV II, LLC

Reference Number: L05000013201

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH
ANNUAL REPORTS SECTION

ATTACHMENT

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LOS000013201

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-3562404 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested HPI-SRV II LLC					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 1550 Orange Blossom Trail NE			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code Palm Bay FL 32905 -			5b City, state, and ZIP code		
6* County and state where principal business is located County Brevard State FL					
7a* Name of principal officer, general partner, grantor, owner, or trustor Jack Gilbert			7b* SSN, ITIN, EIN 253-88-2883		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ SS-4 <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶		
8b* If a corporation, name the state or foreign country (if applicable) where incorporated			State FL		Foreign country
9* Reason for applying (check only one) <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) ▶ Form 8821			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) JAN 1 2005			11* Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i>				Agriculture	Household
14* Check box that best describes the principal activity of your business				Health care & social assistance	Wholesale-agent/broker
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Real estate <input type="checkbox"/> Other (specify) Low Income Housing Dev				<input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale-other
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Low Income Housing Developer					
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Note if "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c* Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN AUG 20 2000 Palm Bay FL -					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee	Designee's name				Designee's telephone number (include area code)
	Address and ZIP code				() - Designee's fax number (include area code)
					() -
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)					Applicant's telephone number (include area code)

ATTACHMENT

▶ Jack Gilbert managing Member Signature ▶ Not Required	Date ▶ October 03, 2005 GMT	(321) 952 - 5352 Applicant's fax number (include area code) () -
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