


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 10, 2006 8:00 am
Secretary of State

01-25-2006 90052 001 ***250.00

DOCUMENT # L05000062963			
1. Entity Name HIBISCUS II, LLC			
Principal Place of Business 315 PORPOISE POINT DRIVE ST AUGUSTINE, FL 32084		Mailing Address 315 PORPOISE POINT DRIVE ST AUGUSTINE, FL 32084	
2. Principal Place of Business		3. Mailing Address	
Sute, Apt. #, etc.		Sute, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. PEI Number 203066484		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VASSALLO, JOHN M 315 PORPOISE POINT DRIVE ST AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____		DATE _____	
Filing Fee is \$30.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President John M VASSALLO 315 Porpoise Pt Dr St Augustine FL 32084 <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 exemptions contained in Chapter 118, 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: <i>John M Vassallo</i>		Date: 1/23/06 9:04 797	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # 7722	



CHMENT

30002121

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2006

HIBISCUS II, LLC
315 PORPOISE POINT DRIVE
ST AUGUSTINE, FL 32084

Subject: HIBISCUS II, LLC

Reference Number: L05000062963

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$250.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

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.

/JE
ANNUAL REPORTS SECTION



ATTACHMENT

300021.21

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

HIBISCUS II, LLC
315 PORPOISE POINT DRIVE
ST AUGUSTINE, FL 32084

Subject: HIBISCUS II, LLC

Reference Number: L05000062963

Please be advised, we have received your annual report/uniform business report and check(s) totaling \$250.00 of which \$50.00 has been designated to file this report. However, the enclosed annual report/uniform business report **has not been filed** and a copy is being returned to you 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.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

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.

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P.O. BOX 6478 - Tallahassee, Florida 32314