


**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

<b>DOCUMENT # L05000062963</b>				
1. Entity Name <b>HIBISCUS II, LLC</b>				
Principal Place of Business <b>315 PORPOISE POINT DRIVE ST AUGUSTINE, FL 32084</b>			Mailing Address <b>315 PORPOISE POINT DRIVE ST AUGUSTINE, FL 32084</b>	
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 <b>203066484</b>			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 <b>VASSALLO, JOHN M 315 PORPOISE POINT DRIVE ST AUGUSTINE, FL 32084</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary)</small>				
<b>Filing Fee is \$30.00 Due by May 1, 2006</b>		Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>President John M VASSALLO 315 Porpoise Pt Dr St Augustine FL 32084</b>	<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
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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> <b>John M VASSALLO</b> 1/23/06 904 797				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				



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