


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000062963 1. Entity Name HIBISCUS II, LLC	
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Principal Place of Business 315 PORPOISE POINT DRIVE ST AUGUSTINE, FL 32084	Mailing Address 315 PORPOISE POINT DRIVE ST AUGUSTINE, FL 32084
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**DO NOT WRITE IN THIS SPACE**



01082007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3066484	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

VASSALLO, JOHN M  
 315 PORPOISE POINT DRIVE  
 ST AUGUSTINE, FL 32084

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and 99e if applicable. (NOTE: Registered Agent signature required when reinstating)


**Filing Fee is \$50.00**  
**Due by May 1, 2007**

U00000584076  
 01/12/07-80022-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VASSALCO, JOHN M 315 PORPOISE POINT DR SAINT AUGUSTINE, FL 32084
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**DO NOT WRITE IN THIS SPACE**

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  1/18/07 904-787-7722  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #