

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002425

FILED
Apr 20, 2006
Secretary of State

Entity Name: HPSC GLOUCESTER FUNDING 2003-1 LLC II

Current Principal Place of Business:

ONE BEACON ST, 2ND FLOOR
BOSTON, MA 021083106

New Principal Place of Business:

Current Mailing Address:

ONE BEACON ST, 2ND FLOOR
TAX DEPARTMENT
BOSTON, MA 021083106

New Mailing Address:

FEI Number: 04-2560004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KENNEY, RICHARD L
Address: ONE BEACON ST, 2ND FLOOR
City-St-Zip: BOSTON, MA 021083106

Title: MGR () Delete
Name: LEFEBVRE, RENE
Address: ONE BEACON ST, 2ND FLOOR
City-St-Zip: BOSTON, MA 021083106

Title: MGRM () Delete
Name: HPSC INC,
Address: ONE BEACON ST, 2ND FLOOR
City-St-Zip: BOSTON, MA 021083106

Title: MGR () Delete
Name: UVA, KENNETH J
Address: 1209 ORANGE ST
City-St-Zip: WILMINGTON, DE 198011120

Title: MGR (X) Delete
Name: BALLOU, STEPHEN K
Address: ONE BEACON ST, 2ND FLOOR
City-St-Zip: BOSTON, MA 021083106

Title: MGR () Delete
Name: DUVA, VICTOR A
Address: 1209 ORANGE ST
City-St-Zip: WILMINGTON, DE 198011120

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALLISON, SAMANTHA
Address: ONE BEACON ST, 2ND FLOOR
City-St-Zip: BOSTON, MA 021083106

Title: MGR (X) Change () Addition
Name: ROUSSEAU, JOSEPH E
Address: ONE BEACON ST, 2ND FLOOR
City-St-Zip: BOSTON, MA 021083106

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: UVA, KENNETH J
Address: 111 EIGHTH AVE 13TH FLOOR
City-St-Zip: NEW YORK, NY 10011

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH E. ROUSSEAU

MGR

04/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date