

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-06-2004 90129 023 ****50.00

DOCUMENT # M00000002555					
1. Entity Name HPSC EQUIPMENT RECEIVABLES 2000 LLC II					
Principal Place of Business 60 STATE ST., STE. 3520 BOSTON MA 02109-1803			Mailing Address 60 STATE ST., STE. 3520 BOSTON MA 02109-1803		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <u>04-2560004</u>	
Zip		Country		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <input checked="" type="checkbox"/> MGR NAME KENNEY, RICHARD L STREET ADDRESS 60 STATE ST., STE 3520 CITY-ST-ZIP BOSTON MA 02109	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> MGR NAME LEFEBURE, RENE STREET ADDRESS 60 STATE ST., STE 3520 CITY-ST-ZIP BOSTON MA 02109	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> MGR NAME BARRIELLO, DOMENIC STREET ADDRESS 1209 ORANGE ST CITY-ST-ZIP WILMINGTON DE 19901	<input checked="" type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> MGR NAME LUTTHANS, KIM STREET ADDRESS 1209 ORANGE STREET CITY-ST-ZIP WILMINGTON DE 19901	<input checked="" type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> MGR NAME MPSE INC STREET ADDRESS 60 STATE STREET 35TH FLOOR CITY-ST-ZIP BOSTON MA 02109	<input checked="" type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MPSE INC STREET ADDRESS HPSC INC CITY-ST-ZIP 60 STATE ST STE 3520 BOSTON MA 02109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME MGR STREET ADDRESS HPSC INC CITY-ST-ZIP 60 STATE ST STE 3520 BOSTON MA 02109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Richard Kenney</u> <u>Richard Kenney</u> <u>04/02/04</u> <u>617 720 3600</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					