

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

4/2/2004-90255-003-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 16 PM 12:03



MOORE CR2E083 (11/03)

DOCUMENT # M02000002632

1. Entity Name

FP II LLC



Principal Place of Business

417 FIFTH AVENUE
NEW YORK NY 10016

Mailing Address

417 FIFTH AVENUE
NEW YORK NY 10016

2. Principal Place of Business

PHILIPS INTERNATIONAL HOLDING CORP.
295 MADISON AVE., 2nd FL.
NEW YORK, NEW YORK 10017

3. Mailing Address

PHILIPS INTERNATIONAL HOLDING CORP.
295 MADISON AVE., 2nd FL.
NEW YORK, NEW YORK 10017

City State

City State

Zip

Country

Zip

Country

4. FEL Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE, 28TH FLOOR
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM
STREET ADDRESS FP II HOLDING LLC
CITY- ST- ZIP 417 FIFTH AVENUE
NEW YORK NY 10016

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STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME 295 MADISON AVE 2ND FLOOR
STREET ADDRESS NEW YORK NY 10017
CITY- ST- ZIP

TITLE NAME
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CITY- ST- ZIP

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: MICHAEL PAGNOTTA SR VP PHILIPS INTL HOLDING CORP AS AGENT
3/26/04 212 545 1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #