


2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company
will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 13 PM 1:45

FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # M97000000651
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H & G II ASSOCIATES, L.L.C.
955 CONEY ISLAND AVENUE, STE. 200
BROOKLYN NY 11230

1a. Principal Place of Business Address

955 CONEY ISLAND AVENUE, STE
BROOKLYN NY 11230

2. Principal Place of Business 1333 BRADWAY Suite, Apt. #, etc. 1202 City & State NEW YORK NY Zip 10018-7204 USA	2a. Mailing Address 1333 BRADWAY Suite, Apt. #, etc. 1202 City & State NEW YORK NY Zip 10018-7204 USA
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3. Date Organized or Qualified 09/24/1997	4. State of Formation DE
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4. FEI Number 13-3263960	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Date of Last Report 04/06/1998	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent KEY CORPORATE SERVICES, INC. C/O KEITH MACK LLP 200 SOUTH BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131

8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE 09/17/99
(If Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HIDARY, JACK A	1019 EAST 9TH STREET	BROOKLYN NY
MGRM	GOLDSCHMIDT, JONAH	1101 EAST 4TH STREET	BROOKLYN NY

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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____
Date _____