2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 MAY -1 PM 4:14
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M97000000651

1. Entity Name
H & G II ASSOCIATES, L.L.C.

Principal Place of Business	Mailing Address
1333 BROADWAY	1333 BROADWAY
#1202	#1202
NEW YORK NY 10018-7204	NEW YORK NY 10018-7212

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3263960 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KEY CORPORATE SERVICES, INC.	Name KEY CORPORATE SERVICES INC.
C/O KEITH MACK LLP	Street Address (P.O. Box Number is Not Acceptable) C/O GUNSTER YOAKLEY
200 SOUTH BISCAYNE BLVD., 20TH FLOOR	200 SOUTH BISCAYNE BLVD, 34TH FL
MIAMI FL 33131	City MIAMI FL Zip Code 33131

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.

SIGNATURE [signature] 4/24/0.
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 Department of State

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-05/18/00--01131--004
****55.00 ****55.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HIDARY, JACK A		NAME		
STREET ADDRESS	1019 EAST 9TH STREET		STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN NY 11230		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GOLDSCHMIDT, JONAH		NAME		
STREET ADDRESS	1101 EAST 4TH STREET		STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN NY 11230		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (9/13)

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: [signature] REQUIRED 4/24/00 212-563-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #