


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90087 012 ****55.00

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| DOCUMENT # M97000000651 |  |
| 1. Entity Name H & G II ASSOCIATES, L.L.C. | |

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| Principal Place of Business 65 WEST 36TH STREET SUITE 1200 NEW YORK, NY 10018 | Mailing Address 65 WEST 36TH STREET SUITE 1200 NEW YORK, NY 10018 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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| | | | |
|-------------------------|-------------------------|---------|---------|
| City & State Zip | City & State Zip | Country | Country |
|-------------------------|-------------------------|---------|---------|

07012004 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 13-3263960 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. 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 | 7. Name and Address of New Registered Agent Name GUNTER, YORKLEY & STEWART P.A. Street Address (P.O. Box Number is Not Acceptable) 2 S. BISCAYNE BLVD, STE 3400 ATTN: EDGAR LEWIS City MIAMI FL Zip Code 33131-1897 |
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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 **GUNTER, YORKLEY & STEWART P.A.** **EDGAR LEWIS** DATE **7/26/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$50.00 Due by September 8, 2004 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HIDARY, JACK A 1019 EAST 9TH STREET BROOKLYN, NY 11230 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GOLDSCHMIDT, JONAH 1101 EAST 4TH STREET BROOKLYN, NY 11230 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 **Edgar Lewis** DATE **7/26/04**

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