

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90029 006 ****55.00

DOCUMENT # M97000000651

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



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**

20050143

**OK 7/31/05
H & G II**



2. Principal Place of Business

3. Mailing Address

04052005 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
13-3263960

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUNSTER, YORKLEY & STEWART, P.A.
29 BISCAYNE BLVD, STE 3400
ATTN: EDGAR LEWIS
MIAMI, FL 33131-1897**

Name **Valdes - Fauli Corporate Services Inc.**
Street Address (P.O. Box Number is Not Acceptable)
2 South Biscayne Blvd
Suite 3400
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Valdes - Fauli Corporate Services**
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

4/5/05
DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

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** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GOLDSCHMIDT, JONAH
1101 EAST 4TH STREET
BROOKLYN, NY 11230** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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: **Edgar Lewis**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/5/05
Date

Daytime Phone #