

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED  
Jan 31, 2006 08:00 AM  
H. G. H. Secretary of State

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



01122006 No Chg-LLC

CR2E083 (11/05)

**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

VALDES-FAULI CORPORATE SERVICES, INC  
2 SOUTH BISCAYNE BLVD  
SUITE 3400  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
MGRM  
HIDARY, JACK A  
STREET ADDRESS  
1019 EAST 8TH STREET  
CITY-ST-ZIP  
BROOKLYN, NY 11230

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000412187  
02/10/06-80038-001 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Dee J. H.*

1/2/06

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

Date

Daytime Phone #