

REC'D FEB 17 1999

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JUL 21 PM 2:45

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000721

HM VENTURE II, LLC  
550 NEWPORT CENTER DRIVE, SUITE 150  
NEWPORT BEACH CA 92660

1a. Principal Place of Business Address

550 NEWPORT CENTER DRIVE, SU  
NEWPORT BEACH CA 92660

2. Principal Place of Business

3333 Michelson Drive

Suite, Apt. #, etc.

Ste 700

City & State

Irvine, CA

Zip

92612

Country

USA

2a. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Organized or Qualified

07/06/1998

3a. State of Formation

DE

4. FEI Number

33-0811746

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

See 75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

700002946547--B

Suite, Apt. #, etc.

-07/30/99--01106--010

\*\*\*\*\*20.89 \*\*\*\*\*20.89

City

FL

Zip Code

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

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE 700002946547--B

-07/30/99--01106--011

\*\*\*\*\*27.56 \*\*\*\*\*27.56

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

JV II, LLC

550 NEWPORT CENTER DRIVE,

NEWPORT BEACH CA

700002946547--B

-07/30/99--01106--008

\*\*\*\*\*93.00 \*\*\*\*\*93.00

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\*\*\*\*\*24.10 \*\*\*\*\*24.10

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\*\*\*\*\*23.20 \*\*\*\*\*23.20

11. I do 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:

Member Michael H. Scott 6/4/99 (949) 253-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #