


2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company
will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000001244 FLORIDA - CLEARWATER ASSOCIATES, LLC 550 NEWPORT CENTER DRIVE, SUITE 160 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. 700 City & State IRVINE, CA Zip 92612 Country USA	2a. Mailing Address 3333 MICHELSON DRIVE Suite, Apt. #, etc. 700 City & State IRVINE, CA Zip 92612 Country USA	3. Date Organized or Qualified 10/22/1998 4. FEI Number 33-6280367	3a. State of Formation DE <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301		5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HM VENTURE II, LLC	3333 MICHELSON DRIVE 550 NEWPORT CENTER DRIVE, SUITE 700	IRVINE, CA 92612 NEWPORT BEACH CA 3 600002949536-- -08/03/99--01084--003 ****188.75 ****188.75
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: <u>MHA</u> , Member <u>7/15/99</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER FOR MANAGER Date: _____ Office Phone: _____			

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FLORIDA-CLEARWATER ASSOCIATES, LLC

3333 Michelson Drive, Suite 700

Irvine, CA 92612

July 19, 1999

Florida Department of State
Katharine Harris
Division of Corporations

RE: Florida - Clearwater Associates, LLC
Annual Report & Corporation Supplemental Fee
Document # M98000001244

Dear Ms. Harris:

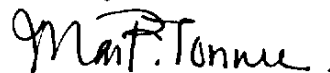
In reference to the above-mentioned subject, we have enclosed the executed document and a filing fee check total of \$188.75.

We moved to a new location a few months ago and, for unknown reasons, never received the first notice for filing. We ask you to kindly waive the late fee charge and update your file accordingly. Our new mailing address is as follows:

Florida-Clearwater Associates, LLC
3333 Michelson Drive, Suite 700
Irvine, CA 92612

We appreciate your understanding and apologize for any inconvenience we may have caused. Please call us at 949-253-4700 if you have any questions.

Sincerely,



Mai Tonnu
Executive Assistant