

2001 UNIFORM BUSINESS REPORT (UBR)

0030118 AF

DOCUMENT # M99000002014

1. Entity Name

HR II, LLC

Principal Place of Business

5040 EAST SHEA BOULEVARD, SUITE 264
SCOTTSDALE AZ 85254

Mailing Address

~~5040 EAST SHEA BOULEVARD, SUITE 264~~
~~SCOTTSDALE AZ 85254~~

2. Principal Place of Business

3. Mailing Address

PO Box 9220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

RANCHO SANTA FE, CA

Zip

Country

Zip

92067

Country

USA

4. FEI Number

86-0971115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



FILED
2001 APR 20 AM 11:21
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
WOLLAN, DONALD N
STREET ADDRESS 17676 VISTA RANCHO
CITY-ST-ZIP RANCHO SANTA FE CA 92067 ☐ Delete

TITLE NAME DONALD WOLLAN
STREET ADDRESS 6535 W. CQUENDO RD.
CITY-ST-ZIP LAS VEGAS, NV 89118 ☒ Change ☐ Addition

TITLE NAME MGRM
PARADIGM INVESTMENT GROUP, LLC
STREET ADDRESS 1066 MUIRLANDS VISTA WAY
CITY-ST-ZIP LAJOLLA CA 92037 ☐ Delete

TITLE NAME
STREET ADDRESS 6535 W. CQUENDO RD.
CITY-ST-ZIP LAS VEGAS, NV 89118 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

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

Date

Daytime Phone #

CR2E083 (11/00)