2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 15, 2005 08:00 AM Secretary of State

DOCU 1. Entity Nam HR II, LLC			Secretary of State
Principal Place of Business Mailing Address 6051 BROOKLINE P.O. BOX 8944 # 108 RANCHO SANTA FE, CA 92067 OKLAHOMA CITY, OK 73112 OKLAHOMA CITY, OK 73112			
DO NOT WRITE IN THIS SPACE			01132005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired S5.00 Additional Fee Required
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or régistered 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, 2005			(100000263968 02715705-00007-020 50 00-
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM WOLLAN, DONALD N P.O. BOX 9 RANCHO SANTA FE, CA 92067 MGRM PARADIGM INVESTMENT GROUP, LLC P.O. BOX 8944 RANCHO SANTA FE, CA 92067	**************************************	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP			DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	certify that the information supplied with this filling does not qualify for the exe	mption stated in Se	ection 119.07(3)(1), Florida Statutes. I further certify that the information
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 cath; that I am a managing member or manager of the limited liability company or the receiver or trustee appowered to execute this report as required by Chapter 608, Florida Statutes.			

SIGNATURE: Bein M. Kelley 1/13/05 858-759-0129

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

Date

Daytime Phone ≠