

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90327 017 ****55.00

DOCUMENT # L01000008071

1. Entity Name
HEL-MAR INVESTORS, LLC



Principal Place of Business

~~2606 SOUTH HORSESHOE DRIVE~~
~~NAPLES, FL 34104~~

Mailing Address

~~2606 SOUTH HORSESHOE DRIVE~~
~~NAPLES, FL 34104~~

60047110



2. Principal Place of Business - No P.O. Box #

3530 KRAFT ROAD
SUITE 300
NAPLES, FL 34105

3. Mailing Address

3530 KRAFT ROAD
SUITE 300
NAPLES, FL 34105

04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number

59-3732713

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEZESHKAN, FRED F
3520 KRAFT ROAD
NAPLES, FL 34105

7. Name and Address of New Registered Agent

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. 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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME PEZESHKAN, F. FRED ☐ Delete
STREET ADDRESS ~~2606 SOUTH HORSESHOE DRIVE~~
CITY-ST-ZIP ~~NAPLES, FL 34104~~

TITLE MGRM
NAME HEL-MAR CORPORATION ☐ Delete
STREET ADDRESS ~~2606 SOUTH HORSESHOE DRIVE~~
CITY-ST-ZIP ~~NAPLES, FL 34104~~

TITLE VP
NAME MACINOR, THOMAS A ☐ Delete
STREET ADDRESS ~~365 5TH AVE G, STE 201~~
CITY-ST-ZIP ~~NAPLES, FL 34102~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME 3520 KRAFT ROAD ☒ Change ☐ Addition
STREET ADDRESS NAPLES, FL 34105
CITY-ST-ZIP

TITLE
NAME 3520 KRAFT ROAD ☒ Change ☐ Addition
STREET ADDRESS NAPLES, FL 34105
CITY-ST-ZIP

TITLE MACIVOR, THOMAS A ☒ Change ☐ Addition
NAME
STREET ADDRESS 3530 KRAFT ROAD
CITY-ST-ZIP SUITE 300
NAPLES, FL 34105

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

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

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

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:

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

Date

Daytime Phone #

Thomas A. Macivor

4/24/07

(239) 434-0600