2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 24, 2008 8:00 am Secretary of State

DOCUMENT # L0100008071 1. Entity Name HEL-MAR INVESTORS, LLC						04-24-2008 90022 036 ***143.75				
Principal Plac	ce of Business		Mailing Address			1				
3530 KRAFT RD STE 300			3530 KRAFT RD STE 300							
NAPLES, FL 34105			NAPLES, FL 34105			60028289				
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2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02142008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Number	749		 -	plied For		
Zip	Zip Country		Zip Country		59-3732		~r \$5.	OO Add	t Applicable	
				<u> </u>	<u> </u>	<u> </u>	f Status Desired	VA Fee	Require	
	6. Name an	d Address of Current	Registered Agent		lome	7. Name and A	Address of New Re	gistered Ager	nt	
PEZESHKAN, FRED F				<u> </u>	Name					
3520 KRAFT RD NAPLES, FL 34105			St	Street Address (P.O. Box Number is Not Acceptable)						
•			C	ity	FL Zip Code					
8. The above the obligat	e named entity su tions of registered	bmits this statement for agent.	r the purpose of changing its	registered of	ffice or register	ed agent, or both	, in the State of Flor	ida. I am famil	iar with,	and accept
SIGNATURE .										
· 	Signature, typed or pri	inted name of registered agent	and title if applicable. (NOT	E: Registered Age	int signature required	when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
PILE NOW!!!-FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							Make	check payal	ble to	
		e wiii de 4330.7.					Florida	Department*	of State	, .
9.		MANAGING MEMBE		10.			Florida ADDITIONS/0	Department	of State	
TITLE	P	MANAGING MEMBE		TITLE			Florida	Department CHANGES	of State	☐ Addition
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TITLE	P PEZESHKAN	MANAGING MEMBE I, F. FRED RD	RS/MANAGERS	TITLE	,		Florida	Department CHANGES	of State	
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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: 3/31/08 (239)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE DB16

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