## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT # L02000025316  1. Entity Name HEL-MAR VENETIAN PLAZA INVESTORS, LLC							04-24-2006	90056 026 ***	<b>'</b> 55.00	
Principal Place of Business Mailing Address							<i>ასცეგც</i> ია			
2606 SOUTH NAPLES, FL		6 SOUTH HORSESHOE DRIVE		41						
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2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04122006	Chg-LLC	CR2E083 (11/0	15)	
City & State		City & State		4. FEI Num	ber 00008		Applied For Not Applicable			
Zip	7	Country	Zip	Cou	ntry		e of Status Desired		Additional	
	£ Nome	and Address of Current I	Poglatered Agent	1.,				/ ree Req	uired	
	o. Name	and Address of Current	tegistereo Agent		Name	7. Name ar	d Address of New R	egistered Agent		
GRANT, R			POMAN DA		Street Ad	Idress (P.O. Box Num	ber is Not Acceptable	e)		
GRANT FRIDKIN PEARSON ATHAN & CROWN, P.A. 5551 RIDGEWOOD DRIVE, SUITE 501										
NAPLES 1			City		·	<b>□</b> Zip (	ode.			
8. The above ristned entity submits this statement for the purpose of changing its registered office of						registered agent, or h	oth in the State of Ele			
	tions of registe		and perpose of shariging	na registor	ou dilice of	registered agent, or e	old, in the State of the	onda. Tamtamilia n	iin, and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable. (N	OTE: Register	ed Agent signatur	e required when reinstating)		DATE		
Filing Fee Is \$50.00 Due by May 1, 2006								se check payable ( a Department of S		
9.							L			
		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
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11. Thereby 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: WHOMAN PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE