

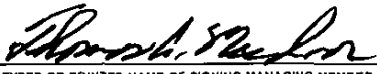


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2007 90327 018 ****55.00

DOCUMENT # L02000025316					
1. Entity Name HEL-MAR VENETIAN PLAZA INVESTORS, LLC					
Principal Place of Business 2806 SOUTH HORSESHOE DRIVE NAPLES, FL 34104			Mailing Address 2806 SOUTH HORSESHOE DRIVE NAPLES, FL 34104		
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			
Zip _____		Country _____		4. FEI Number 55-0800008	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GRANT, RICHARD ESQ GRANT FRIDKIN PEARSON ATHAN & CROWN, P.A. 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES, FL 34108			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 _____ (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			10. ADDITIONS / CHANGES		
TITLE MGRM	NAME PEZESHKAN, F. FRED	<input type="checkbox"/> Delete	TITLE 	NAME 3520 KRAFT ROAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2806 HORSESHOE DR. S.	CITY-ST-ZIP NAPLES, FL 34104		STREET ADDRESS 	CITY-ST-ZIP NAPLES, FL 34105	
TITLE VP	NAME MACIVOR, THOMAS A	<input type="checkbox"/> Delete	TITLE 	NAME 3530 KRAFT ROAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 365 5TH AVE SOUTH SUITE 201	CITY-ST-ZIP NAPLES, FL 34102		STREET ADDRESS SUITE 300	CITY-ST-ZIP NAPLES, FL 34105	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		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: 			4/24/07 (239) 434-0600		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		