

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027498

FILED
Feb 06, 2004
Secretary of State

Entity Name: HELICA MIAMI, L.L.C.

Current Principal Place of Business:

536 BILTMORE WAY
CORAL GABLES, FL 33134

New Principal Place of Business:

3501 W. VINE STREET
384
KISSIMMEE, FL 34741

Current Mailing Address:

536 BILTMORE WAY
CORAL GABLES, FL 33134

New Mailing Address:

3501 W. VINE STREET
384
KISSIMMEE, FL 34741

FEI Number: 51-0481934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUEVAS & ORTIZ, P.A.
536 BILTMORE WAY
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PENA, ROGELIO
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: GLADYS BEATRIZ MENJI, VAR DE PENA
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PENA, ROGELIO
Address: 3501 W. VINE STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: MGRM (X) Change () Addition
Name: MENJIVAR DE PENA, GLADYS B
Address: 3501 W. VINE STREET
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROGELIO PENA

MGRM

02/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date