


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90118 040 ****55.00

DOCUMENT # L03000041372

1. Entity Name
 HELEN MAR PARTNERS, LLC



Principal Place of Business
 1640 S. SEPULVEDA BOULEVARD #515
 LOS ANGELES, CA 90026

Mailing Address
 C/O MARTIN WEISS
 1640 S. SEPULVEDA BOULEVARD #515
 LOS ANGELES, CA 90026

2406286

2. Principal Place of Business
 445 E. RIVO ALTO DR.
 Suite, Apt. #, etc.

3. Mailing Address
 1640 S. SEPULVEDA BLVD.
 Suite, Apt. #, etc.
 SUITE 515



02132004 Chg-LLC CR2E083 (10/03)

City & State
 MIAMI BEACH, FL

City & State
 LOS ANGELES, CA 9

4. FEI Number
 20-0319484

Applied For
 Not Applicable

Zip
 33139

Country
 USA

Zip
 90025

Country
 USA

5. Certificate of Status Desired Additional Fee Required \$5.00

6. Name and Address of Current Registered Agent
 TRIFIRO, MATTHEW
 445 EAST RIVO ALTO DRIVE
 MIAMI BEACH, FL 33139

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, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JAFFRAY, INC. 445 EAST RIVO ALTO DRIVE MIAMI BEACH, FL 33139 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: M. T. TRIFIRO MATTHEW TRIFIRO 7/26/04 305/479-0682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #