FILED
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90120 002 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

3000979?2

04272005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000020784

1. Entity Name
HELMS CONSTRUCTION LLC

Principal Place of Business	Mailing Address
36111 HWY 44A N EUSTIS, FL 32736	PO BOX 402 EUSTIS, FL 32727

2. Principal Place of Business	3. Mailing Address
11349 Lake Dr.	11349 Lake Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Leesburg Fla	City & State: Leesburg Fla.
Zip: 34788 Country:	Zip: 34788 Country:

4. FEI Number 593268504 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HELMS, RICHARD J
36111 HWY 44A N
EUSTIS, FL 32736

7. Name and Address of New Registered Agent

Name: Richard J. Helms
Street Address (P.O. Box Number is Not Acceptable): 11349 Lake Dr.
City: Leesburg FL Zip Code: 34788

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: [signature] Richard J. Helms 4-26-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Richard J. Helms 11349 Lake Dr. Leesburg, FLA 34788 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Richard J. Helms 4-26-05 352-742-2153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #