2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026268

Entity Name: HELIUS PHARMA LLC

FILED Jan 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

701 BRICKEL KEY DRIVE, STE. 204 20801 BISCAYNE BOULEVARD MIAMI, FL 33131

403

AVENTURA, FL 33180

Current Mailing Address: New Mailing Address:

701 BRICKEL KEY DRIVE, STE. 204 20801 BISCAYNE BOULEVARD

MIAMI, FL 33131 AVENTURA, FL 33180

FEI Number: 38-3701261 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARANA, JOSE LUIS ARANA, JOSE LUIS

701 BRÍCKEL KEY DRIVE, STE. 204 20801 BISCAYNE BOULEVARD MIAMI, FL 33131

AVENTURA, FL 33180 US

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: JLA 01/21/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition ARANA, JOSE LUIS Name: Name: ARANA, JOSE LUIS

Address: 701 BRICKEL KEY DRIVE, STE. 204 Address: 20801 BISCAYNE BOULEVARD #403

MIAMI, FL 33131 AVENTURA, FL 33180

City-St-Zip: City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition LOPEZ-NEGRETE, ENRIQUE Name: Name: LOPEZ-NEGRETE, ENRIQUE

Address: 18 FILIGREE PINES Address: 20801 BISCAYNE BOULEVARD #403 THE WOODLANDS, TX 77382 City-St-Zip: City-St-Zip: AVENTURA, FL 33180

Title: MGRM (X) Delete Title: () Change () Addition LOPEZ-NEGRETE, ALFONSO Name: Name:

Address: 18 FILIGREE PINES Address: City-St-Zip: THE WOODLANDS, TX 77382 City-St-Zip:

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: 01/21/2005