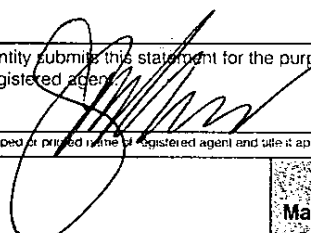
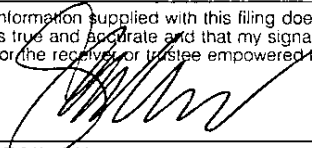


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90171 002 ***150.00

DOCUMENT # L04000055642 1. Entity Name HELP IS HERE LLC																																							
Principal Place of Business 2655 N OCEAN DR, STE 300 SINGER ISLAND FL 33404		Mailing Address 2655 N OCEAN DR, STE 300 SINGER ISLAND FL 33404																																					
2. Principal Place of Business 2626 Lake Drive Suite, Apt. #, etc. 100		3. Mailing Address 2626 LAKE DR Suite, Apt. #, etc. 100																																					
City & State SINGER ISLAND, FL Zip 33404		City & State SINGER ISLAND, FL Zip 33404																																					
Country USA		Country USA																																					
4. FEI Number 20-1409372		Applied For ☐ Not Applicable																																					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/05)																																					
6. Name and Address of Current Registered Agent POSNER, MICHAEL J ESQ 4220 BEACON CIR STE 100 WEST PALM BEACH FL 33407		7. Name and Address of New Registered Agent Name DARLENE HUDSON Street Address (P.O. Box Number is Not Acceptable) 2626 Lake Dr Suite 100 City SINGER ISLAND FL Zip Code 33404																																					
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  DARLENE HUDSON, (MGR) DATE 5/1/06 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)																																							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006																																							
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> MGR HUDSON, DARLENE D 2655 N OCEAN DR, STE 300 SINGER ISLAND FL 33404 </td> <td style="width:30%; text-align: right;"> ☐ Delete </td> </tr> <tr> <td> MGR GORDON, PATRICIA E 2655 N OCEAN DR, STE 300 SINGER ISLAND FL 33404 </td> <td> ☐ Delete </td> <td></td> </tr> <tr> <td> MGR CRAWFORD, KIM C 2655 N OCEAN DR, STE 300 SINGER ISLAND FL 33404 </td> <td> ☐ Delete </td> <td></td> </tr> <tr> <td> </td> <td> ☐ Delete </td> <td></td> </tr> <tr> <td> </td> <td> ☐ Delete </td> <td></td> </tr> <tr> <td> </td> <td> ☐ Delete </td> <td></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUDSON, DARLENE D 2655 N OCEAN DR, STE 300 SINGER ISLAND FL 33404	☐ Delete	MGR GORDON, PATRICIA E 2655 N OCEAN DR, STE 300 SINGER ISLAND FL 33404	☐ Delete		MGR CRAWFORD, KIM C 2655 N OCEAN DR, STE 300 SINGER ISLAND FL 33404	☐ Delete			☐ Delete			☐ Delete			☐ Delete		10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> 2626 Lake Dr, Suite 100 SINGER ISLAND, FL 33404 </td> <td style="width:30%; text-align: right;"> ☒ Change ☐ Addition </td> </tr> <tr> <td> 2626 Lake Dr, Suite 100 SINGER ISLAND, FL 33404 </td> <td> ☒ Change ☐ Addition </td> <td></td> </tr> <tr> <td> 2626 Lake Dr, Suite 100 SINGER ISLAND, FL 33404 </td> <td> ☒ Change ☐ Addition </td> <td></td> </tr> <tr> <td> </td> <td> ☐ Change ☐ Addition </td> <td></td> </tr> <tr> <td> </td> <td> ☐ Change ☐ Addition </td> <td></td> </tr> <tr> <td> </td> <td> ☐ Change ☐ Addition </td> <td></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2626 Lake Dr, Suite 100 SINGER ISLAND, FL 33404	☒ Change ☐ Addition	2626 Lake Dr, Suite 100 SINGER ISLAND, FL 33404	☒ Change ☐ Addition		2626 Lake Dr, Suite 100 SINGER ISLAND, FL 33404	☒ Change ☐ Addition			☐ Change ☐ Addition			☐ Change ☐ Addition			☐ Change ☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DARLENE HUDSON (MGR) DATE 5/1/06 DAYTIME PHONE # 561 842 5662 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																							