

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 29, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90083 012 \*\*\*\*50.00

|                                                                                                                                                                                                                               |                                                                                                                             |                                                                                                                                      |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L04000083164</b>                                                                                                                                                                                                |                                                                                                                             |                                                     |                                                                   |
| 1. Entity Name<br><b>HELPING HAND, LLC</b>                                                                                                                                                                                    |                                                                                                                             |                                                                                                                                      |                                                                   |
| Principal Place of Business<br><b>4521 EDGEWATER DRIVE,<br/>SUITE #5<br/>ORLANDO FL 32804<br/>US</b>                                                                                                                          |                                                                                                                             | Mailing Address<br><b>12535 WINFIELD SCOTT BLVD.<br/>ORLANDO FL 32837<br/>US</b>                                                     |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                |                                                                                                                             | 3. Mailing Address                                                                                                                   |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                                                                                                                             | Suite, Apt. #, etc.                                                                                                                  |                                                                   |
| City & State                                                                                                                                                                                                                  |                                                                                                                             | City & State                                                                                                                         |                                                                   |
| Zip                                                                                                                                                                                                                           | Country                                                                                                                     | Zip                                                                                                                                  | Country                                                           |
| 6. Name and Address of Current Registered Agent<br><b>WESTERVELT, LUCIENNE<br/>12535 WINFIELD SCOTT BLVD.<br/>ORLANDO FL 32837</b>                                                                                            |                                                                                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed &amp; printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                     |                                                                                                                             |                                                                                                                                      |                                                                   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2005</b>                                                                                                    |                                                                                                                             |                                                                                                                                      |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                  |                                                                                                                             | 10. ADDITIONS/CHANGES                                                                                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <b>MGR<br/>WESTERVELT, LUCIENNE<br/>4521 EDGEWATER DRIVE, SUITE #5<br/>ORLANDO FL 32804</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> 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:** *Lucienne Westervelt*

*7/25/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #