


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90192 005 \*\*\*\*50.00

<b>DOCUMENT # L05000058106</b>					
<b>1. Entity Name</b> HELP IS ON THE WAY REAL ESTATE INVESTMENT LLC					
<b>Principal Place of Business</b> 4065 NORTH HAVERHILL RD SUITE B3309 WEST PALM BEACH, FL 33417			<b>Mailing Address</b> 4065 NORTH HAVERHILL RD SUITE B3309 WEST PALM BEACH, FL 33417		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02082006    Chg-LLC    CR2E083 (11/05)	
<b>4. FEI Number</b> 76-0794088				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
A1A REGISTERED AGENT INC. 92 SADBERRY RD. QUINCY, FL 32351			Name <u>ZHANE REAL ESTATE INVESTMENTS</u> Street Address (P.O. Box Number is Not Acceptable) <u>4065 NORTH HAVERHILL ROAD SUITE B3309</u> City <u>West Palm Beach</u> FL    Zip Code <u>33417</u>		
<b>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.</b>					
SIGNATURE <u>[Signature]</u> <u>Heather Brookins</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>2/8/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZHANE REAL ESTATE INVESTMENTS 4065 NORTH HAVERHILL RD SUITE B3309 WEST PALM BEACH, FL 33417		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>					
SIGNATURE: <u>[Signature]</u> <u>Heather Brookins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>2/8/06</u> Daytime Phone # <u>561-252-7269</u>		