2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000079360

Entity Name

HELÉN STREET II, LLC



Principal Place of Business

Mailing Address

1201 HELEN ST.

CASSELBERRY, FL 32708 US

P.O. BOX 180355 CASSELBERRY, FL 32718 U

US

FILED Feb 20, 2008 8:00 am Secretary of State

02-20-2008 90025 025 ***138.75



DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, LOAN B 100 TECHNOLOGY PARK SUITE 170 LAKE MARY, FL 32746 DO NOT WRITE IN THIS SPACE

| | ubmits this statement for the purpose of c | nanging its registered office or regis | stered agent, or both, in the State | i of Florida. I am familiar | with, and accept |
|------------------------------|--|--|-------------------------------------|-----------------------------|------------------|
| the obligations of registere | ed agent. | | | | |
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| | | | | | |
| SIGNATURE | <u> </u> | | | | |
| | | | | | |

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 11/2008

7884 MANAGING MEMBERS/MANAGERS 9. MGR TITLE CASSELBERRY, LEONARD NAME 1201 HELEN ST. STREET ADDRESS CITY-ST-ZIP CASSELBERRY, FL 32708 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

formalassodor

2/11/2008

407 6950114

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

Date

Daytime Phone #