

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035813

FILED
May 01, 2007
Secretary of State

Entity Name: HELIA S. PROPERTY HOLDINGS, LLC

Current Principal Place of Business:

7270 NW 12TH STREET SUITE 410
MIAMI, FL 33126

New Principal Place of Business:

2301 NW 87 AVENUE
6TH FLOOR
MIAMI, FL 33172

Current Mailing Address:

7270 NW 12TH STREET SUITE 410
MIAMI, FL 33126

New Mailing Address:

2301 NW 87 AVENUE
6TH FLOOR
MIAMI, FL 33172

FEI Number: 20-4702553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BROAD AND CASSEL, P.A.
ONE BISCAYNE TOWER 21ST FLOOR, 2 S
BISCAYNE BLVD.
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

BURNS, CATHERINE A
2301 NW 87 AVENUE
6TH FLOOR
MIAMI, FL 33172 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: CATHERINE A BURNS

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PINO, SERGIO
Address: 7270 NW 12TH STREET SUITE 410
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PINO, SERGIO
Address: 2301 NW 87 AVENUE, 6TH FLOOR
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SERGIO PINO

MGRM

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date