

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000015302

**FILED**  
**Feb 18, 2009**  
**Secretary of State**

**Entity Name:** HELEN HOMES AVIATION, LLC

**Current Principal Place of Business:**

11355 S.W. 84TH STREET  
MIAMI, FL 33173

**New Principal Place of Business:**

10850 SW 113 PLACE  
MIAMI, FL 33176

**Current Mailing Address:**

11355 S.W. 84TH STREET  
MIAMI, FL 33173

**New Mailing Address:**

10850 SW 113 PLACE  
MIAMI, FL 33176

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

ROIZ, OSCAR L  
10850 SW 113 PLACE  
MIAMI, FL 33176 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: OSCAR ROIZ

02/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: SHAHAM, JACOB  
Address: 10850 SW 113 PLACE  
City-St-Zip: MIAMI, FL 33176

Title: MGR ( ) Change (X) Addition  
Name: SHAHAM, HELEN  
Address: 10850 SW 113 PLACE  
City-St-Zip: MIAMI, FL 33176

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: JACOB SHAHAM

MGRM

02/18/2009

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