


FILED  
Apr 30, 2008 8:00 am  
Secretary of State

04-30-2008 90026 014 \*\*\*138.75

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

<b>DOCUMENT # M02000000927</b>					
1. Entity Name <b>HELMAN REALTY LLC</b>					
Principal Place of Business <b>9 EAST 40TH STREET, 10TH FLOOR NEW YORK, NY 11016</b>			Mailing Address <b>9 EAST 40TH STREET, 10TH FLOOR NEW YORK, NY 11016</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>11-3551745</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>COHEN, ANDREW J 4400 PGA BLVD. SUITE 305 PALM BEACH GARDENS, FL 33410</b>				7. Name and Address of New Registered Agent Name <b>WENDY S. LINK, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Ackerman, Link &amp; Sartory, P.A.</b> <b>222 Lakeview Ave., Suite 1250</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33401</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. SIGNATURE <u><i>Wendy S. Link</i></u> DATE <u><i>4/28/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BERG, ZACHARY 4400 PGA BLVD STE 305 PALM BEACH GARDENS, FL 33410</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <u><i>Wendy S. Link</i></u> Date <u><i>4/28/08</i></u> Daytime Phone # <u><i>212-803-5775</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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