07-29-03 10:37am From-ACKERMAN, LINK & SARTORY 5618385305 T-904 P.02/02 F-274

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000000927

1. Entity Name
HELMAN REALTY LLC

700002261507
08/12/03--01066--008 **55.00

Principal Place of Business	Mailing Address
12 POND PARK ROAD GREAT NECK, NY 11023	11 EAST 44TH STREET NEW YORK, NY 10022

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 11-3551745 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name: RICHARD BAER
Street Address (P.O. Box Number is Not Acceptable): 4400 PGA BOULEVARD
SUITE 305
City: PALM BEACH GARDENS FL Zip Code 33410

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: X [signature] Date 7/30/03

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHEN, ANDREW 11 E. 44TH ST. NEW YORK, NY 10022 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X [signature] 7/28/03 212-803-5772

Signature and typed or printed name of signing managing member, manager, or authorized representative. Date. Daytime Phone #

CR2E033 (10/02)