


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90014 043 ****50.00

DOCUMENT # L05000116558 1. Entity Name ARK CAPITAL GROUP, LLC	
---	---

Principal Place of Business 701 W CYPRESS CREEK ROAD SUITE 301 FORT LAUDERDALE, FL 33309 US	Mailing Address 701 W CYPRESS CREEK ROAD SUITE 301 FORT LAUDERDALE, FL 33309 US
---	---

2. Principal Place of Business	3. Mailing Address	4. FEI Number 01-0858354
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
Zip	Country	Zip
		Country


 04072006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

**KODSI LAW FIRM, P.A.
701 W CYPRESS CREEK ROAD
SUITE 303
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State
---	--	--

9. MANAGING MEMBERS / MANAGERS		Delete
TITLE	MGRM TOCCI, PETER	<input type="checkbox"/>
NAME	701 W CYPRESS CREEK ROAD	
STREET ADDRESS	FORT LAUDERDALE, FL 33309	
CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/>
NAME	TOCCI, RICHARD	
STREET ADDRESS	701 W CYPRESS CREEK ROAD	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	MGR	<input checked="" type="checkbox"/>
NAME	KODSI, ISAAC	
STREET ADDRESS	701 W CYPRESS CREEK ROAD	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		Change	Addition
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		

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:  4/16/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #