



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2008 90023 037 ***138.75

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01032008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 01-0858354			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KODSI LAW FIRM, P.A. 701 W CYPRESS CREEK ROAD SUITE 303 FORT LAUDERDALE, FL 33309			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 _____					
FILE NOW!!! FEE IS \$138.75			Make check payable to Florida Department of State		
After May 1, 2008 Fee will be \$538.75					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOCCI, PETER	NAME			
STREET ADDRESS	701 W. CYPRESS CREEK RD, #301	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KODSI, ISSAC	NAME	Kodsi, Isaac		
STREET ADDRESS	701 W. CYPRESS CREEK RD, #301	STREET ADDRESS	701 W Cypress Creek Rd, #301		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	CITY-ST-ZIP	Ft. Lauderdale FL 33309		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 		Isaac Kodsi		4/28/08 9547716777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	