

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000015090

1. Entity Name  
 LE JEUNE VILLAS DEVELOPMENT L.L.C.



Principal Place of Business  
 701 WEST CYPRESS CREEK ROAD  
 SUITE 303  
 FT. LAUDERDALE, FL 33309

Mailing Address  
 701 WEST CYPRESS CREEK ROAD  
 SUITE 303  
 FT. LAUDERDALE, FL 33309



03162004No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-1136307

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

KODSI, ISAAC  
 701 WEST CYPRESS CREEK ROAD  
 SUITE 303  
 FT. LAUDERDALE, FL 33309

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

UD00000144417  
 04/30/04-80131-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ARK EQUITY
STREET ADDRESS	701 WEST CYPRESS CREEK ROAD, SUITE 303
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	MGRM
NAME	MARRIAGE & FAMILY ENRICHMENT CENTER INC.
STREET ADDRESS	17100 S.W. 93RD AVENUE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f), 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: *[Signature]*

Date: 4/29/04 Daytime Phone #: 954-771-6227

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