



**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90032 013 \*\*\*\*50.00

|   |  |                     |   |  |  |
|---|--|---------------------|---|--|--|
| <b>DOCUMENT # L01000015090</b><br>1. Entity Name<br>LE JEUNE VILLAS DEVELOPMENT L.L.C.  |  |                     |   |         |  |
| Principal Place of Business<br>701 WEST CYPRESS CREEK ROAD<br>SUITE 303<br>FT. LAUDERDALE, FL 33309   |  |                     | Mailing Address<br>701 WEST CYPRESS CREEK ROAD<br>SUITE 303<br>FT. LAUDERDALE, FL 33309 |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc. |   |  |  |
| City & State  |  | City & State        |   | 01122005 Chg-LLC CR2E083 (10/03)   |  |
| Zip   |  | Country             |   | 4. FEI Number<br>65-1136307  |  |
|   |  |                     |   | Applied For<br><input type="checkbox"/> Not Applicable                                   |  |
| 6. Name and Address of Current Registered Agent   |  |                     |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| KODSI, ISAAC<br>701 WEST CYPRESS CREEK ROAD<br>SUITE 303<br>FT. 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |                     |   |  |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2005</b>   |  |                     | <b>Make check payable to Florida Department of State</b>                                |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |                     | 10. ADDITIONS/CHANGES   |  |  |
| TITLE   | MGRM <input type="checkbox"/> Delete     |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME  | ARK EQUITY                               |                     | NAME  |  |  |
| STREET ADDRESS  | 701 WEST CYPRESS CREEK ROAD, SUITE 303   |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | FT. LAUDERDALE, FL 33309                 |                     | CITY-ST-ZIP   |  |  |
| TITLE   | MGRM <input type="checkbox"/> Delete     |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME  | MARRIAGE & FAMILY ENRICHMENT CENTER INC. |                     | NAME  |  |  |
| STREET ADDRESS  | 17100 S.W. 93RD AVENUE                   |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | MIAMI, FL 33157                          |                     | 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   |  |  |
| 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   |  |  |
| 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   |  |  |
| 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:  _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |                     |   |  |  |
|   |  |                     |   | Date _____ Daytime Phone # _____   |  |

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