


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0018833

DOCUMENT # L01000021225 1. Entity Name ZARK DEVELOPMENTS, L.L.C.	
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Principal Place of Business 10904 GILLETTE AVENUE TEMPLE TERRACE FL 33617	Mailing Address 10904 GILLETTE AVENUE TEMPLE TERRACE FL 33617
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	Zip	Country

FILED
03 SEP 24 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3761363	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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6. Name and Address of Current Registered Agent TAMARGO, TED R 401 EAST JACKSON STREET TAMPA FL 33602
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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 _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003	900023303239 03/24/03--01035--001 **50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILKIE, MARK S 10904 GILLETTE AVENUE TEMPLE TERRACE FL 33617 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Mark S Wilkie</i> SIGNATURE REQUIRED	Date 9/22/03	Daytime Phone # 813-984-0700
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CR2E083 (4/03)