## 2005 ( MITED I IARII ITY COMBAÑY

## **FILED** Anr 25. 2005 08:00 AM te

| ANNUAL REPORT                         |   |  |                                 | Apr 25, 2005 06:00                     |   |
|---------------------------------------|---|--|---------------------------------|--|---|
| DOCU                                  | MENT # L02000022  | <del></del>                                  |                                 |  | ecretary of Sta                                 |
| 1. Entity Nar<br>ARK DE               | WELOPMENT/OCEANVIEW,  | LLC  |                                 |  |   |
| 701 W CYPR<br>303                     | ce of Business<br>RESS CREEK ROAD                                     | Mailing Address 701 W CYPRESS CREEK ROAD 303 |                                 |  |   |
| FORT LAUDI                            | ERDALE, FL 33309  | FORT LAUDERDALE, FL 33309                    | )                               |  |   |
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| DO NOT WRITE IN THIS SPACE            |   |  |                                 | 01122005 No Chg-LLC                    | CR2E083 (10/03)                                 |
|                                       |   |  |                                 | 38-3668098                             | Not Applicable                                  |
|                                       | 6. Name and Address of Current F                                      | Penietanod Agent                             |                                 | 5. Certificate of Status Desired       | Fee Required                                    |
| 303                                   |   | (Complete over regards                       |                                 | DO NOT W                               |   |
|                                       | named entity submits this statement for tions of registered agent.    | the purpose of changing its registere        | ed office or registere          | ed agent, or both, in the State of Flo | orida. I am familiar with, and accept           |
| SIGNATURE.                            | Signature, typed or printed name of registered egent ar               | nd site if annicable (NOTE Rapistorec        | Agent signature required        | trofferentian enecu                    | DATE  |
| Fi<br>D                               | iling Fee is \$50.00<br>us by May 1, 2005                             |  | (AMO) a magarantee e magarantee | Mental (en-examply)                    | DATE.   |
| 9.                                    | MANAGING MEMBER   | IS/MANAGERS                                  | <del> </del>                    | <del></del>                            |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | KODSI, ISAAC<br>701 W CYPRESS CREEK ROAD<br>FORT LAUDERDALE, FL 33309 | STE 303                                      |                                 | 04/25/05-                              | 1927315<br>-80033-002 50 <b>.0</b> 0            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |  |                                 |  | i   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |  | :                               | DO NOT W                               | RITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | <u>一</u>                                     |                                 | IN THIS SF                             |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |  |                                 |  |   |
| TITLE<br>NAME<br>STREET ADDRESS       |   |  |                                 |  |   |

11. I hereby certify that the information supplied with this tiling 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: URE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #