## **2007 LIMITED LIABILITY COMPANY**

STREET ADDRESS CAY-ST-ZIP

NAME STREET ADDRESS City-ST-ZIP TILL NAME STREET ADDRESS CITY-ST-ZIP

## **FILED ANNUAL REPORT** Jul 31, 2007 08:00 AM **DOCUMENT # L02000029588 Secretary of State** THE ARK ENTERPRISES, LLC Principal Place of Business Mailing Address 2645 S. ORANGE AVE 2645 S. ORANGE AVE ORLANDO, FL 32806 ORLANDO, FL 32806 US 07062007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 51-0435776 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HADDAD, MILHEM DO NOT WRITE 2645 S. ORANGE AVE ORLANDO, FL 32806 IN THIS SPACE 3. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 14, 2007 MANAGING MEMBERS/MANAGERS 3. MGRM THE KAME HADDAD, MILHEM STREET ADDRESS 11806 OLD GLORY DR ORLANDO, FL 32837 CITY-ST-789 TITLE U00000770834 NAME 07/31/07-80003-001 50.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME

11. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #