


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000032450 1. Entity Name ARRK ENTERPRISES, L.L.C.	
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Principal Place of Business 20925 FUTURE FARM DR. MT. DORA, FL 32757	Mailing Address 20925 FUTURE FARM DR. MT. DORA, FL 32757
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01102005 No Chg-LLC

CF2E063 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0526976	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LANGFORD, JAMES L 20925 FUTURE FARM DR. MT. DORA, FL 32757

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LANGFORD, JOAN 20925 FUTURE FARM DR. MT. DORA, FL 32757
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAHMING, PATRICIA H 385 GILSTON CT. LAKE MARY, FL 32746
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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: *Patricia H. Rahming* **1-18-05** **407-804-8309**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #