

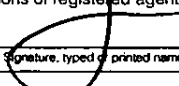
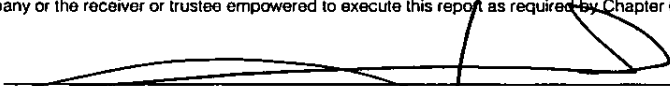


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2005 90023 033 \*\*\*\*50.00

<b>DOCUMENT # L04000006709</b> 1. Entity Name <b>A.R.K. DEVELOPMENT, LLC</b>					
Principal Place of Business <b>4432 PARKWAY COMMERCE BLVD. ORLANDO, FL 32808</b>			Mailing Address <b>4432 PARKWAY COMMERCE BLVD. ORLANDO, FL 32808</b>		
2. Principal Place of Business <b>601 W. Colonial Dr</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>601 W. Colonial Dr</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>		4. FEI Number <b>20-0645877</b>	
Zip <b>32801</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SHOEMAKER, JOHN B 4432 PARKWAY COMMERCE BLVD. ORLANDO, FL 32808</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>601 W. Colonial Dr</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32801</b>	
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  DATE <b>4/22/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY-ST-ZIP <b>Albert Kadosi 601 W. Colonial Dr Orlando, FL 32801</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>John B. Shoemaker 601 W. Colonial Dr Orlando, FL 32801</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>JPT 601 W. Colonial Dr Orlando, FL 32801</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>STEVE KADOSI 601 W. Colonial Dr Orlando, FL 32801</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				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:  DATE <b>4/22/05</b> DAYTIME PHONE <b>407 294 7931</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					