04-12-2005 90017 004 ****50.00
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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 MAY 16 P 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000046909

1. Entity Name
ARK LENDING GROUP, LLC

Principal Place of Business	Mailing Address
701 WEST CYPRESS CREEK RD. SUITE #301 FT. LAUDERDALE, FL 33309 US	701 WEST CYPRESS CREEK RD. SUITE #301 FT. LAUDERDALE, FL 33309 US

03172005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1291994 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOCCI, PETER 701 WEST CYPRESS CREEK RD. SUITE #303 FT. LAUDERDALE, FL 33309	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TOCCI, PETER 701 WEST CYPRESS CREEK RD., SUITE #301 FT. LAUDERDALE, FL 33309	☒ Delete	MGRM JEREMY RUCCIO 701 WEST CYPRESS CREEK RD. SUITE 301 FORT LAUDERDALE, FL. 33309	☐ Change ☒ Addition
		☐ Delete	MEMBER MATTHEW TOCCI 701 WEST CYPRESS CREEK RD. SUITE 301 FORT LAUDERDALE, FL 33309	☐ Change ☒ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ 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: Peter Tocci PETER TOCCI 4/5/05 954-772-3934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #