
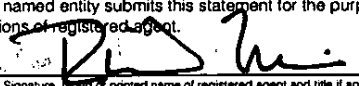



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90030 023 ****50.00

DOCUMENT # L04000049551 1. Entity Name ARK PHILLY, LLC					
Principal Place of Business 701 WEST CYPRESS CREEK ROAD SUITE #301 FT. LAUDERDALE, FL 33309 US			Mailing Address 701 WEST CYPRESS CREEK ROAD SUITE #301 FT. LAUDERDALE, FL 33309 US		
2. Principal Place of Business 4401 TRADEWINDS AVENUE Suite, Apt. #, etc. 205		3. Mailing Address 4401 TRADEWINDS AVENUE Suite, Apt. #, etc. 205			
City & State LAUDERDALE BY THE SEA Zip 33308		City & State LAUDERDALE BY THE SEA Zip 33308		4. FEI Number 02-0740573	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TOCCI, PETER 701 WEST CYPRESS CREEK DRIVE SUITE #301 FT. LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name TOCCI, RICHARD Street Address (P.O. Box Number is Not Acceptable) 4401 TRADEWINDS AVENUE SUITE 205 City LAUDERDALE BY THE SEA, FL Zip Code 33308		
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 3/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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, RICHARD 701 WEST CYPRESS CREEK ROAD, SUITE #301 FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOCCI, RICHARD 4401 TRADEWINDS AVENUE, SUITE 205 LAUDERDALE BY THE SEA, FL. 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DECARO, ERNIE 701 WEST CYPRESS CREEK ROAD, SUITE #301 FT. LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOCCI, RICHARD 4401 TRADEWINDS AVENUE, SUITE 205 LAUDERDALE BY THE SEA, FL. 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOCCI, RICHARD 4401 TRADEWINDS AVENUE, SUITE 205 LAUDERDALE BY THE SEA, FL. 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOCCI, RICHARD 4401 TRADEWINDS AVENUE, SUITE 205 LAUDERDALE BY THE SEA, FL. 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOCCI, RICHARD 4401 TRADEWINDS AVENUE, SUITE 205 LAUDERDALE BY THE SEA, FL. 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOCCI, RICHARD 4401 TRADEWINDS AVENUE, SUITE 205 LAUDERDALE BY THE SEA, FL. 33308	<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 3/20/05 Daytime Phone # 954-551-6777	