


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90149 025 \*\*\*\*55.00

<b>DOCUMENT # L04000049551</b>	
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1. Entity Name  
ARK PHILLY, LLC

Principal Place of Business 4401 TRADEWINDS AVE # 205 LAUDERDALE BY THE SEA, FL 33308 US	Mailing Address 4401 TRADEWINDS AVE # 205 LAUDERDALE BY THE SEA, FL 33308 US
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2. Principal Place of Business 701 W CYPRESS CREEK RD. Suite, Apt. #, etc. THIRD FLOOR City & State FT. LAUDERDALE, FL Zip 33309 Country USA	3. Mailing Address 701 W CYPRESS CREEK RD. Suite, Apt. #, etc. THIRD FLOOR City & State FT. LAUDERDALE FL Zip 33309 Country USA
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02062006 Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0740573	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

TOCCI, RICHARD  
4401 TRADEWINDS AVE  
SUITE # 205  
LAUDERDALE BY THE SEA, FL 33308

**7. Name and Address of New Registered Agent**

Name Richard Tocci  
Street Address (P.O. Box Number is Not Acceptable)  
701 W CYPRESS CREEK ROAD THIRD FLOOR  
FT. LAUDERDALE FL Zip Code 33309

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 reinstating)

DATE

2/6/06

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOCCI, RICHARD 4401 TRADEWINDS AVE, SUITE 205 LAUDERDALE BY THE SEA, FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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 NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/6/06

954-551-6997