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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000078809 1. Entity Name ARK DEVELOPMENT-DESOTO, LLC	
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FILED
06 MAY -3 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 701 WEST CYPRESS CREEK ROAD SUITE 302 FT. LAUDERDALE, FL 33309	Mailing Address 701 WEST CYPRESS CREEK ROAD SUITE 302 FT. LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



01032006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 83-0430258	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent KODSI LAW FIRM, P.A. 701 WEST CYPRESS CREEK ROAD SUITE 302 FT. LAUDERDALE, FL 33309
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	KODSI, ISAAC
STREET ADDRESS	701 WEST CYPRESS CREEK ROAD, SUITE 302
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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\$2519

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05/12/06--01015--028 **250.00

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: _____	Date _____	Daytime Phone # _____
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE