2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# L05000006800

Entity Name: ARK DEVELOPMENT/SOUTHLAND, LLC

Current Principal Place of Business:

701 W. CYPRESS CREEK ROAD
STE. 301
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

701 W. CYPRESS CREEK ROAD
STE. 301
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 01-0836138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KODSI, ISAAC
701 W. CYPRESS CREEK ROAD
SUITE 301
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KODSI, ISAAC
Address: 701 W. CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: MGR ( ) Delete
Name: KODSI, JOSEPH
Address: 701 W. CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KODSI, ISAAC
Address: 701 W. CYPRESS CREEK ROAD, SUITE 301
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: MGR (X) Change ( ) Addition
Name: KODSI, JOSEPH
Address: 701 W. CYPRESS CREEK ROAD, SUITE 301
City-St-Zip: FORT LAUDERDALE, FL 33309 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ISAAC KODSI MGRM 04/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date