2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # L06000085809 1. Entity Name ARKS GENERAL CONTRACTORS, L.L.C.						04-30-2007	90072 046 ***	*50.00
Principal Place of Business 4949 S.W. 75TH AVENUE MIAMI, FL 33155		Mailing Address 4949 S.W. 75TH AVENUE MIAMI, FL 33155					(2) BB (1) (2B)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182007	Chg-LLC	CR2E083 (12/06	3)	
City & State		City & State		4. FEI Number	5487843	3	Applied For Not Applicable	
Zip	Country	Zîp	Country		<u> </u>	of Status Desired	□ \$5.00 A Fee Requi	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent	[
				Name				
TOLLEY, SHAWN W 97665 OVERSEAS HIGHWAY KEY LARGO, FL 33037				Street Address (P.O. Box Number is Not Acceptable)				
			}	City			FL Zip Ci	ode
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								
Filing Fee is \$50.00 Due by May 1, 2007								
Fi Di	iling Fee is \$50.00 ue by May 1, 2007						e check payable to a Department of St	
Fi Di	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBI	ERS/MANAGERS	10.				Department of St	
Di	ue by May 1, 2007	ERS/MANAGERS	10.			Florida	Department of St	ate
9.	ue by May 1, 2007 MANAGING MEMBI					Florida	CHANGES	ate
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM ARKS, L.L.C. 13627 DEERING BAY DRIVE, #	☐ Delete	TITLE NAME STREE	T ADORESS		Florida	CHANGES	ate
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11. I hereby certify that the information supplied with this fling 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