2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000007221

1. Entity Name
ARROW AUTOMATION, LLC

0001001

Principal Place of Business	Mailing Address
7 W. MAIN STREET, SUITE 100 APOPKA, FL 32703	7 W. MAIN STREET, SUITE 100 APOPKA, FL 32703

02122007 No Chg-LLC   CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For
	Not Applicable
5. Certificate of Status Desired	**$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

GRABER, JAMES M
7 WEST MAIN STREET
SUITE 100
APOPKA, FL 32703

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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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GRABER, JAMES M
STREET ADDRESS	7 W. MAIN STREET, SUITE 100
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _James M. Graber Managing Member_ 2/14/07 407-886-3322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #