


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90036 046 \*\*\*\*50.00

<b>DOCUMENT # L01000008862</b> 1. Entity Name <b>ARROW HOLDINGS, LLC</b>					
Principal Place of Business <b>1818 97TH ST. NORTH BRADENTON, FL 34280</b>			Mailing Address <b>P.O. BOX 14847 BRADENTON, FL 34280</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-1109044</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>PREWETT, DANIEL L 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233</b>				7. Name and Address of New Registered Agent Name <b>GUSTAVO ARROJO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2225 59 St. West - Suite B</b> City <b>Bradenton</b> <b>FL</b> Zip Code <b>34209</b>	
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 <u><i>Gustavo Arrojo</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <b>ARROJO, GUSTAVO B</b> P.O. BOX 14847 BRADENTON, FL 34280	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <b>ARROJO, MARTA ARROJO, MARTA</b> PO BOX 14847 BRADENTON, FL 34280	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u><i>Marta Arrojo</i></u> <b>MARTA ARROJO</b>			Date <b>4/19/04</b>		Daytime Phone # <b>941-761-3777</b>

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04182004 Chg-LLC CR2E063 (10/03)

Spelling error