2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 02, 2005 8:00 am Secretary of State **DOCUMENT # L01000008862** 05-02-2005 90100 037 ****50.00 1. Entity Name ARRÓW HOLDINGS, LLC Principal Place of Business Mailing Address 20052114 1818 97TH ST. NORTH P.O. BOX 14847 BRADENTON, FL 34280 BRADENTON, FL 34280 2. Principal Place of Business 3. Mailing Address 1818 97 ST Suite, Apt. #. etc. 04282005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number Bradentm 65-1109044 Not Applicable Zip 34209 Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARROJO, GUSTAVO Street Address (P.O. Box Number is Not Acceptable) 2225 59 ST. WEST, STE B BRADENTON, FL 34209 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES Q 10. TITLE ☐ Addition TITLE Change Delete ARROJO, GUSTAVO B NAME P.O. BOX 14847 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34280 CITY-ST-ZIP MGR TITLE Delete TITLE ☐ Change ☐ Addition ARROJO, MARTA NAME NAME PO BOX 14847 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34280 CITY-ST-7IP ☐ Delete ☐ Addition ☐ Change TITLE IIILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 crype receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

E MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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SIGNATURE:

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