


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000033248 1. Entity Name JACK & ROBERT ARROW LLC	
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Principal Place of Business
**1219 BLUE RD.
CORAL GABLES, FL 33146**

Mailing Address
**1219 BLUE RD.
CORAL GABLES, FL 33146**



03172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2391494	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLDSWORTH, JACK
1219 BLUE RD
CORAL GABLES, FL 33146**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of 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 re-electing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GOLDSWORTH, JACK
STREET ADDRESS	1219 BLUE RD
CITY, ST, ZIP	CORAL GABLES, FL 33146

TITLE	MGRM
NAME	DEAN, ROBERT
STREET ADDRESS	14532 SW 129TH ST
CITY, ST, ZIP	MIAMI, FL 33186

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

0000000272024
03/21/05-80071-016 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #