2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000060477

1. Entity Name
ARROW FUNDING, LLC

Principal Place of Business	Mailing Address
7 WEST MAIN STREET STE 100	7 WEST MAIN STREET STE 100
APOPKA, FL 32703	APOPKA, FL 32703

DO NOT WRITE IN THIS SPACE

01142008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-5075619	Not Applicable

5. Certificate of Status Desired   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _J. M. GRABER, J.M. GRABER (JAMES M. GRABER)_   01/14/2008

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

DO NOT WRITE IN THIS SPACE

U000007878877
01/18/08-80017-019 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GRABER, JAMES M
STREET ADDRESS	7 WEST MAIN STREET STE 100
CITY-ST-ZIP	APOPKA, FL 32703

TITLE	
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CITY-ST-ZIP	

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: _J. M. Graber, J.M. GRABER, MANAGING MEMBER_   01/14/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

407-886-3322