


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000086396**  
 1. Entity Name  
 3220 ARROWHEAD, L.L.C.



Principal Place of Business 12201 N.W. 5TH STREET PLANTATION, FL 33325	Mailing Address 12201 N.W. 5TH STREET PLANTATION, FL 33325
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**DO NOT WRITE IN THIS SPACE**



04122008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5501590	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ACORD, LINDA L  
 12201 NW 5TH ST  
 PLANTATION, FL 33325

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000944624  
 05/29/08-80107-008 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACORD, WILBUR R 12201 N.W. 5TH STREET PLANTATION, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACORD, LINDA L 12201 N.W. 5TH STREET PLANTATION, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *Linda L. Acord* Linda L. Acord *5/28/08* 954-472-1099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #