


2nd and FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company AAROW SERVICES, L.C. 5655 TIMUQUANA ROAD JACKSONVILLE FL 32210		DOCUMENT # L98000002606			
2. Principal Place of Business <i>5655 Timuquana Rd</i> Suite, Apt. #, etc. City & State <i>Jacksonville FL</i> Zip <i>32210</i> Country <i>USA</i>		2a. Mailing Address <i>309 Aragon Blvd</i> Suite, Apt. #, etc. <i>Suite 112</i> City & State <i>Virginia Beach VA</i> Zip <i>23462</i> Country <i>USA</i>		3. Date Organized or Qualified 11/09/1998 3a. State of Formation FL 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent COLD, KATHLEEN H SUITE 2301, ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE		DATE			
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	SHERMAN, LEWIS	5655 TIMUQUANA ROAD		JACKSONVILLE FL	
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11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>Lewis Sherman</i>					
SIGNATURE AND TYPED (PRINTED) NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date					
Daytime Phone #					