

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS		99 MAR 15 PM 1:52	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000763 ARROW FINANCIAL SERVICES, L.L.C. 2450 WEST PETERSON AVENUE CHICAGO IL 60659				1a. Principal Place of Business Address 2450 WEST PETERSON AVENUE CHICAGO IL 60659			
2. Principal Place of Business 7301 N. Lincoln Avenue Suite, Apt. #, etc. # 220 City & State Lincolnwood, IL Zip 60646		2a. Mailing Address 7301 N. Lincoln Avenue Suite, Apt. #, etc. # 220 City & State Lincolnwood, IL Zip 60646		3. Date Organized or Qualified 11/19/1997		3a. State of Formation DE	
				4. FEI Number 36-4189357		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 04/14/1998		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 600002819086 Suite, Apt. #, etc. -03/25/99 -01115-012 ****188.75 ****188.75 City FL			
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 <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when reappointment)</small>				DATE			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
MGR	LAVIN, JACK	2450 WEST PETERSON AVENUE 7301 N. Lincoln Avenue #220		CHICAGO IL Lincolnwood, IL 60646			
MGR	LAVIN, RONALD	2450 WEST PETERSON AVENUE 7301 N. Lincoln Avenue #220		CHICAGO IL Lincolnwood, IL 60646			
MGR	CUTLER, BRIAN	2450 WEST PETERSON AVENUE 7301 N. Lincoln Avenue #220		CHICAGO IL Lincolnwood, IL 60646			
3/15/99							
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>Brian Cutler</i>				3/9/99 847-557-1100			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>							