


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # M97000000763 1. Entity Name ARROW FINANCIAL SERVICES, L.L.C.	
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Principal Place of Business 5996 W. TOUHY AVE. NILES, IL 60714	Mailing Address 5996 W. TOUHY AVE. NILES, IL 60714
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01122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4189357	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAVIN, JACK 5996 W. TOUHY AVE. NILES, IL 60714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAVIN, RONALD 5996 W. TOUHY AVE. NILES, IL 60714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CUTLER, BRIAN 5996 W. TOUHY AVE. NILES, IL 60714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VALERTINO, MICHAEL 5996 W. TOUHY AVE. NILES, IL 60714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/20/04-80092-003 55.00

**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)(f), 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:  **Brian Cutler** 1/19/04 847-557-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #