


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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED MAR 29 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA								
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 # M98000000053 AMERICAN ROAD RECOVERY, L.L.C. 1335 SOUTH CLEARVIEW AVENUE MESA AZ 85208		1a. Principal Place of Business Address 1335 SOUTH CLEARVIEW AVENUE MESA AZ 85208											
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 01/21/1998									
				3a. State of Formation DE									
				4. FEI Number 38-3384150									
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable									
				5. Date of Last Report									
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required									
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) 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 _____									
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when resigning)</small>													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">10. Title</th> <th style="width:30%;">Managing Members/Managers</th> <th style="width:30%;">Business Street Address</th> <th style="width:30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>FORD MOTOR CREDIT CO,</td> <td>THE AMERICAN ROAD</td> <td>DEARBORN MI 48121</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	FORD MOTOR CREDIT CO,	THE AMERICAN ROAD	DEARBORN MI 48121
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MGRM	FORD MOTOR CREDIT CO,	THE AMERICAN ROAD	DEARBORN MI 48121										
1 00002832251 -- 8 -04/07/99--01077--018 ****188.75 ****188.75													
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: _____		Attorney-in-fact _____		3/24/99 (602) 610-3104									
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>													