2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M98000000053

1. Entity Name
AMERICAN ROAD RECOVERY, L.L.C.

Principal Place of Business	Mailing Address
1335 SOUTH CLEARVIEW AVENUE	P.O. BOX 6508
MESA, AZ 85208	MESA, AZ 85216-6508

DO NOT WRITE IN THIS SPACE

01062004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
38-3384150	Not Applicable

5. Certificate of Status Desired ☐ **$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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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	MGRM
NAME	FORD MOTOR CREDIT COMPANY
STREET ADDRESS	THE AMERICAN ROAD
CITY-ST-ZIP	DEARBORN, MI 48121
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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11. I 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 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:_____ Kathleen M. Pierce, 1/13/04 480-610-3104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

Attorney-in-fact for Ford Motor Credit Company