2005 LIMITED LIABILITY COMPANY

FILED Ian 20. 2005 08:00 AM

ANNUAL REPORT				Jan 20, 2003 00.00 A		
DOCUMENT # M9800000053					Secretary	of State
1. Entity Name						
AMERICAN ROAD RECOVERY, L.L.C.						
			THE PARTY OF THE P			
Principal Place	e of Business	Mailing Address				
1335 SOUTH CLEARVIEW AVENUE P.O. BOX 6508						
MESA, AZ 85	5208	MESA, AZ 85216-6508				
,						
				overposette Ohe III	22005 No Chg-LLC CR2E083 (10/03)	
	O NOT WRITE		HENESHER!	01052005 No Chg-LL0	CHZEU03	
Ļ				4. FEI Number		Applied For
				38-3384150	_ ¢5	Not Applicable OD Additional
				5. Certificate of Status De		Required
	5. Name and Address of Current	Registered Agent	- Propinski Prioritieski			
CTCOPP	ODATION SYSTEM					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				DO NOT		ing di dikana kang dipakan di dipakan Kang dipakan dipakan dipakan
PLANTATI	ON, FL 33324	-		IN THIS	SPACE	
			વાર્ષ કરાયા હો કે કિંદી કરો કરો કરાયા કર્યો કરો કરો કરો કરો કરો કરો કરો કરાયા કર્યો કરો કરો કરો કરો કરો કરો કરો કરો કરો કર		NORTH TO THE	Kolentijskie
			and the first of t			
	named entity submits this statement folions of registered agent.	r the purpose of changing its register	red office or register	ed agent, or both, in the Sta	ite of Florida. I am fam	illar with, and accept
(i)d dbilgai	iona o regioteres agont.					
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable (NCTE, Register	ed Agent signature required	when re-natating)	DATE	
			•			
Filing Fee is \$50.00 Due by May 1, 2005				11	00000187124	
		200		11/2 - 15 1 200 Au W A BARRA 10 COM 12 Per	1/9 5-8 0036-0	011 50.00
9. TITLE	MANAGING MEMBE	:HS/MANAGERS				
NAME	FORD MOTOR CREDIT COMPA	NY	-นี้สัมผู้สำนัก วิถีกับได้เป็น			
STREET ADDRESS	THE AMERICAN ROAD					
CITY-ST-ZIP	DEARBORN, MI 48121					
TITLE						
NAME STREET ADDRESS						
CITY-ST-ZIP			સુધી કેટ્રેલ ફાય કે પ્લેશ કે કેટ્રેલ ફાય આપણા મહીને શીધારકી			
TRILE						
NAME						
STREET ADDRESS CHTY-ST-ZIP				DO NOI	WRITE	ENGLES STATES OF
TITLE				IN THIS	HENCHOLOGICA	e de la companya de l
NAME						
STREET ADDRESS CITY-ST-ZIP			The control of the second of t			
TITLE						
NAME					્રિક્ષું કે પ્રત્યા કર્યા કર્યા છે. જિલ્લા કર્યા કર્યા કર્યા કર્યા કર્યા કર્યા કર્યા કર્યા છે. જિલ્લા કર્યા કર્યા કર્યા કર્યા કર્યા કર્યા છે.	
STREET ADDRESS						
CITY-ST-ZIP	i			terant ag eg af af Nils ar a Nilsaf af la dari af la daf la fili far af la daf la fili far af la fili fili far Nilsaf la fili fili fili fili sa filia fili fili fili fili fili fili fi		RECHERENCE

11. I hereby certify that the information supplied with this filling 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 the transfer of the limited liability company or the receiver or transfer of the seme legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or transfer of the seme legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or transfer of the seme legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or transfer of the seme legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or transfer of the seme legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of the limited liability company or the receiver of the limited liability company.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

480-610-3104