2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

STAPLE CHECK HERE

SIGNATURE:

DOCUMENT # A21773 1. Entity Name ARISTO ASSOCIATES LTD.					Feb 08, 2005 08:00 AM Secretary of State
1 '	ce of Business CEAN BLVD. PH4B	Mailing Address			
	ON FL 33431 _	BOCA RATON FL		140	(BE(B))
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc.			1ST MOORE CR2E003 (10/04)
City & State		City & State			4. FEI Number Applied For Not Applicable
Zip	Country	Zip	c	ountry	5. Certificate of Status Desired Sa.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
KAGAN, ARNOLD H. 4001 N. OCEAN BLVD., PH4B BOCA RATON FL 33431				Street Address	s (P.O. Box Number is Not Acceptable)
				City	FL Zip Code
8. The above in the Stat	e named entity submits this statement e of Florida. I am familiar with, and ac	for the purpose of chang cept the obligations of re	ging īts reg gistered ag	gistêred office or regi gent.	istered agent, or both,
SIGNATURE Signature, typed or printed name of registered againt and little if applicable				DATE	11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
9. Capital Contributions as Shown on record. \$3,000.00 In FLORIDA to			A to date.		f:
}	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINES AY NOT be changed	S ENTITY on the fo	Y MUST BE REGIS orm: an amendme	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.
12.	GENERAL PARTNI	R INFORMATION		13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME	550157 AQUA CORP.	·		STREET ADDRESS	
STREET ADDRESS CITY- ST-ZIP	4001 N. OCEAN BLVD., PH4B BOCA RATON FL 33431			CHY-ST-ZIP	
DOCUMENT # NAME				STREET ADDRESS	
STREET ADORESS CITY-ST-ZIP				CHY-ST-ZIP	00/0000220052 02/08/05-80053-007 141,25
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NAME DOCUMENÉ *				STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				CHY-ST-ZIP	
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CITY-ST-ZIP				CITY-ST- ZIP	
DOCUMENT # NAME		-		STREET ADDRESS	
STREET ADDRESS	}		1 1	CITY-ST-ZIP	

14. 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 that my signature shall have the same legal effect as if made under cath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

ARNOLD HERGARD

FILED