

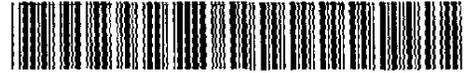
**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A21773
1. Entity Name
ARISTO ASSOCIATES LTD.



Principal Place of Business: **4001 N. OCEAN BLVD. PH4B BOCA RATON FL 33431**
Mailing Address: **4001 N. OCEAN BLVD. PH4B BOCA RATON FL 33431**



2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country
3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

1st MOORE CRZE003 (10/05)

5. Name and Address of Current Registered Agent
**KAGAN, ARNOLD H.
4001 N. OCEAN BLVD., PH4B
BOCA RATON FL 33431**

4. FEI Number: **59-1955831**
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

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.

U00000455022
03/15/06-80064-022 500.00
DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	550157	STREET ADDRESS	
NAME	AQUA CORP.	CITY-ST-ZIP	
STREET ADDRESS	4001 N. OCEAN BLVD., PH4B		
CITY-ST-ZIP	BOCA RATON FL 33431		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Arnold H. Kagan U.P. G.P. 2/3/06 561368 DAS