


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000014247	
1. Entity Name ARISART, LLC	

Principal Place of Business 8004 SW 158 PLACE MIAMI, FL 33193	Mailing Address 8004 SW 158 PLACE MIAMI, FL 33193
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DO NOT WRITE IN THIS SPACE



04252007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0463535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RISCANEVO, LINA 8004 SW 158 PLACE MIAMI, FL 33193
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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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RISCANEVO, LINA 8004 SW 158 PLACE MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RISCANEVO, ALVARO F 8004 SW 158 PLACE MIAMI, FL 33193
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05/16/07-80044-011 50.00

11. 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 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: *Alvaro Riscanevo* 4-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #