# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Sep 01, 2008**
**Secretary of State**

DOCUMENT# L03000032523

**Entity Name:** ARISTEN GROUP LLC

**Current Principal Place of Business:**

5711 SEMINOLE WAY
HOLLYWOOD, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

2775 N.E. 187TH STREET
SUITE # 624
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number: 13-4264610** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.
1380 PROSPERITY FARMS RD. #221E
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

| | | |
|---|---|---|
| Title: | MGR | ( ) Delete |
| Name: | JJSURGENT INC., | |
| Address: | 2775 N.E. 187TH STREET | |
| City-St-Zip: | AVENTURA, FL 33180 | |
| Title: | MGR | ( ) Delete |
| Name: | METROPOLE AXA. INC., | |
| Address: | 5711 SEMINOLE WAY | |
| City-St-Zip: | HOLLYWOOD, FL 33314 | |
| Title: | MGR | (X) Delete |
| Name: | THOMSON MCBRYDE FLA., INC. | |
| Address: | 5711 SEMINOLE WAY | |
| City-St-Zip: | HOLLYWOOD, FL 33314 | |

**ADDITIONS/CHANGES:**

| | | |
|---|---|---|
| Title: | MGR | (X) Change ( ) Addition |
| Name: | JJSURGENT INC., | |
| Address: | 2775 N.E. 187TH STREET, UNIT 624 | |
| City-St-Zip: | AVENTURA, FL 33180 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN J. SURGENT MGR 09/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date