


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90077 016 ****50.00

DOCUMENT # L04000075103	
1. Entity Name ARISTA PROPERTIES UNLIMITED, LLC	

Principal Place of Business 10524 KIPLING WAY LAKE WORTH FL 33467	Mailing Address 10524 KIPLING WAY LAKE WORTH FL 33467
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2. Principal Place of Business 4768 Davis Road Suite, Apt. #, etc. LAKE WORTH City & State LAKE WORTH FLORIDA Zip 33461 Country Palm Beach	3. Mailing Address 10524 Kipling Way Suite, Apt. #, etc. LAKE WORTH, Florida City & State LAKE WORTH, Florida Zip 33467 Country Palm Beach
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1st MOORE CR2E083 (10/04)

4. FEI Number 84-165-8890		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 MCCABE, TIMOTHY P ESQ. C/O MCCABE & SAMILJAN, LLC 2135 SOUTH CONGRESS AVE., SUITE 3-C WEST PALM BEACH FL 33406		
7. Name and Address of New Registered Agent Name Helene SHAPIRO Street Address (P.O. Box Number is Not Acceptable) 10524 Kipling Way Lake Worth, Florida 33467 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.
SIGNATURE Helene Shapiro DATE 2/1/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAPIRO, ALFRED B 10524 KIPLING WAY LAKE WORTH FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing 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 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: Alfred Shapiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #