


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

pd. #23
Apr 16, 2008 08:00 AM
Secretary of State
4/11/08

DOCUMENT # L04000075103 1. Entity Name ARISTA PROPERTIES UNLIMITED, LLC	
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Principal Place of Business 4768 DAVIS ROAD LAKE WORTH, FL 33461	Mailing Address 10524 KIPLING WAY LAKE WORTH, FL 33467
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02292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1658890	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SHAPIRO, HELENE 10524 KIPLING WAY LAKE WORTH, FL 33467

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000300714
04/29/08-80039-019 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAPIRO, ALFRED B 10524 KIPLING WAY LAKE WORTH, FL 33467
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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 *Alfred B. Shapiro* **X**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #