2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000075103

1. Entity Name

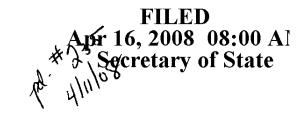
ARISTA PROPERTIES UNLIMITED, LLC



Principal Place of Business

4768 DAYIS ROAD LAKE WUTTH, FL 33461 Mailing Address

10524 KIPLING WAY LAKE WORTH, FL 33467





DO NOT WRITE IN THIS SPACE

02292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
84-1658890	 	Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

Signature, typed or printed name of repistered agent and title if applicable

SHAPIRO, HELENE 10524 KIPLING WAY LAKE WORTH, FL 33467 DO NOT WRITE IN THIS SPACE

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.	
C.	CNATHER	

(NOTE, Registered Agent signature required when reinstating)

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

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAPIRO, ALFRED B 10524 KIPLING WAY LAKE WORTH, FL 33467		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		
NAME STREET ADDRESS			

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IN THIS SPACE

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information					

11. I hereby certify that the information supplied with this filling 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

TITLE

NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE



Daytime Phone #