

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078819

Entity Name: ARISTA & FELDMAN, P.L.

FILED  
Jul 03, 2006  
Secretary of State

## Current Principal Place of Business:

2655 LEJEUNE ROAD, GABLES INT'L PL  
AZA  
CORAL GABLES, FL 33134

## New Principal Place of Business:

2655 LEJEUNE ROAD  
5TH FLOOR  
CORAL GABLES, FL 33134

## Current Mailing Address:

2655 LEJEUNE ROAD, GABLES INT'L PL  
AZA  
CORAL GABLES, FL 33134

## New Mailing Address:

2655 LEJEUNE ROAD  
5TH FLOOR  
CORAL GABLES, FL 33134

FEI Number: 20-1821217      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:

EDUARDO R. ARISTA, P.A.  
2655 SOUTH LE JEUNE ROAD, 5TH FLOOR  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

EDUARDO R. ARISTA, P.A.  
2655 SOUTH LE JEUNE ROAD  
5TH FLOOR  
CORAL GABLES, FL 33134 US

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: EDUARDO R. ARISTA

07/03/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: EDUARDO R. ARISTA, P. .A.  
Address: 2655 LEJEUNE ROAD, GABLES INTERNATIONAL PL  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: EDUARDO R. ARISTA, P. .A.  
Address: 2655 LEJEUNE ROAD, 5TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: EDUARDO R. ARISTA

MGRM

07/03/2006

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