

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000064555

**FILED**  
**Mar 17, 2009**  
**Secretary of State**

**Entity Name:** ARISTA BURTON PROPERTIES, LLC

**Current Principal Place of Business:**

10524 KIPLING WAY  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

10524 KIPLING WAY  
ALFREDSHAPIRO1@GMAIL.COM  
LAKE WORTH, FL 33449

**Current Mailing Address:**

10524 KIPLING WAY  
LAKE WORTH, FL 33461

**New Mailing Address:**

10524 KIPLING WAY  
LAKE WORTH, FL 33449

**FEI Number:** 33-1119832

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAPIRO, HELENE  
10524 KIPLING WAY  
LAKE WORTH, FL 33461 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: SHAPIRO, ALFRED B  
Address: 10524 KIPLING WAY  
City-St-Zip: LAKE WORTH, FL 33461

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SHAPIRO, ALFRED B  
Address: 10524 KIPLING WAY  
City-St-Zip: LAKE WORTH, FL 33449 US

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: ALFRED B. SHAPIRO

MR

03/17/2009

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