2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# L05000089239

Entity Name: ARISTA BUILDERS, L.L.C.

Current Principal Place of Business:

4367 HIGHWAY 90
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

4367 HIGHWAY 90
PACE, FL 32571

New Mailing Address:

FEI Number: 01-0845138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNOOR, MARK T MGRM
5420 HEATHERTON RD
MILTON, FL 32570 US

Name and Address of New Registered Agent:

KERRY ANNE SCHULTZ, ESQUIRE
2045 FOUNTAIN PROFESSIONAL COURT
SUITE A
NAVARRE, FL 32566 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: KERRY ANNE SCHULTZ, ESQUIRE 02/02/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SCHNOOR, CRYSTAL E
Address: 5420 HEATHERTON ROAD
City-St-Zip: MILTON, FL 23570

Title: MGRM ( ) Delete
Name: SCHNOOR, MARK T
Address: 5420 HEATHERTON ROAD
City-St-Zip: MILTON, FL 32570

Title: MGR ( ) Delete
Name: BRAY, DAVID L
Address: 6436 RENEE CIRCLE
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARK T. SCHNOOR MGRM 02/02/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date