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FILED
Jun 07, 2004 8:00 am
Secretary of State

05-03-2004 90123 023 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000001808

1. Entity Name
ASTON PM HOLDING LLC

34008308

Principal Place of Business	Mailing Address
137 S. PEBBLE BEACH BLVD., SUITE 201 SUN CITY CENTER, FL 33573	137 S. PEBBLE BEACH BLVD., SUITE 201 SUN CITY CENTER, FL 33573

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04272004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0026006 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUTCHINSON, RICHARD
137 S. PEBBLE BEACH BLVD., SUITE 201
SUN CITY CENTER, FL 33573

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	ACKERMAN, DON E	
STREET ADDRESS	137 S. PEBBLE BEACH BLVD., SUITE 201	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	MGR	☐ Delete
NAME	HOFFMAN, ALFRED JR.	
STREET ADDRESS	137 S. PEBBLE BEACH BLVD., SUITE 201	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Tom Costello 4/27/04 813-633-5886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #