

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90033 005 ****50.00

DOCUMENT # M00000002244		
1. Entity Name ASTON GARDENS AT VENICE, LLC		

Principal Place of Business 137 S. PEBBLE BEACH BLVD., STE. 201 SUN CITY CENTER, FL 33573	Mailing Address 137 S. PEBBLE BEACH BLVD., STE. 201 SUN CITY CENTER, FL 33573
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20038996

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02232006 Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3696527	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HUTCHINSON, RICHARD 137 S. PEBBLE BEACH BLVD., STE. 201 SUN CITY CENTER, FL 33573	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AKERMAN, DON E 137 SOUTH PEBBLE BEACH BLVD. SUN CITY CENTER, FL 33573 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOFFMAN, ALFRED JR. 137 SOUTH PEBBLE BEACH BLVD. SUN CITY CENTER, FL 33573 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COSTELLO, TOM 137 S. PEBBLE BEACH BLVD, STE 201 SUN CITY CENTER, FL 33573 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 137 So. Pebble Beach Blvd, #201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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: 	Date _____	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		