FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 28 AM 9:29

1. Name of Limited Partnership

1a. DOCUMENT # B98000000103

ASTON GARDENS AT SUN CITY CENTER NORTH, LTD., L.P.

Mailing Address	Principal Office Address
2020 CLUBHOUSE DRIVE P.O. BOX 5698 SUN CITY CENTER FL 33571-5698	2020 CLUBHOUSE DRIVE P.O. BOX 5698 SUN CITY CENTER FL 33571-5698

3. Date Formed or Registered: 02/13/1998

3a. Date of Last Report:

4. State or Country of Formation: DE

5a. Capital Contributions as Shown on record: $1,188,000.00

5b. Amount of Capital Contributions in Cash to date:

2. Mailing Address	2a. Principal Office Address
137 S. Pebble Beach Blvd.	137 Pebble Beach Blvd.
Suite, Apt. #, etc: Suite 205	Suite, Apt. #, etc: Suite 205
City & State: Sun City Center FL	City & State: Sun City Center, FL
Zip: 33573 Country: USA	Zip: 33573 Country: USA

6. FEI Number: 59-3501365 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make due payable to Dept. of State (See Reverse side for fee information)

9. Name and Address of Current Registered Agent

ASTON CARE SYSTEMS, INC.
2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33571

Address change only

10. If changed, new Registered Agent/Office

Name: Richard Hutchinson
Street Address (P.O. Box Number Is Not Acceptable): 137 S. Pebble Beach Blvd.
Suite, Apt. #, etc: Suite 205
City: Sun City Center FL Zip Code: 33573

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
N/K/A ASTON CARE SYSTEMS, INC. ASTON GARDENS AT SUN CITY CENTER NORTH, INC.	2020 CLUBHOUSE DRIVE 137 S. PEBBLE BEACH BLVD	SUN CITY CENTER FL 33 SUN CITY CENTER, FL 33573	P97000004145 P97000004145

AMENDMENT FILED 6/24/98

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE V.P. + Treasurer DATE 11/30/98

Typed or Printed Name of General Partner Signing Form: Richard Hutchinson - Aston Gardens at Daytime Telephone Number: 813-633-7704

C97E003 (8/98)