√2000 UNIFORM BUSINESS REPORT (UBR) B98000000103 **DOCUMENT#** 1. Entity Name FILED ASTON GARDENS AT SUN CITY CENTER NORTH, LTD., L. 00 AUG 23 AM 9: 52 Mailing Address Principal Place of Business SECRETARY OF STATE TALLAHASSEE, FLORIDA 137 S. PEBBLE BEACH BLVD., SUITE 205 137 S. PEBBLE BEACH BLVD.: SUITE 205 SUN CITY CENTER FL 33573-5708 SUN CITY CENTER FL 33573 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3501365 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **HUTCHINSON, RICHARD** Street Address (P.O. Box Number is Not Acceptable) 137 S. PEBBLE BEACH BLVD., SUITE 205 SUN CITY CENTER FL 33573 Zip Code City FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 10. Amount of Capital Contributions 2, 129, 780 11. MAKE CHECK PAYABLE TO DEPT OF STATE 9. Capital Contributions \$1,188,000.00 as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. יסטיסי יטטשיסט F97000004145 DOCUMENT# FF \$526,25 STREET ADDRESS ASTON GARDENS AT SUN CITY CENTER NORTH. IN NAME 137 S. PEBBLE BEACH BLVD., SUITE 205 STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 CTTY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP 14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute ed by \$20 Florida Statutes SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

Daytime Phone #