2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # B98000000103

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

Principal Place of Business	Mailing Address
137 S. PEBBLE BEACH BLVD., SUITE 205 SUN CITY CENTER, FL 33573	137 S. PEBBLE BEACH BLVD., SUITE 205 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

03182004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3501365
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUTCHINSON, RICHARD 137 S. PEBBLE BEACH BLVD., SUITE 205 SUN CITY CENTER, FL 33573	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. The authorized person(s) to execute this document must sign below.

SIGNATURE

9. Capital Contributions as Shown on Record	10. Amount of Capital Contributions as Paid to Date
$6,014,235.00	

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY
Document #	F97000004145	Old Address
Name	ASTON GARDENS AT SUN CITY CENTER NORTH, IN	City, St, ZIP
New Address	137 S. PEBBLE BEACH BLVD., SUITE 205	
City, St, ZIP	SUN CITY CENTER, FL 33573	New Address
Document #		City, St, ZIP
Name		U00000159958
New Address		05/10/04-80026-014 526.25
City, St, ZIP		
Document #		Old Address
Name		City, St, ZIP
New Address		
City, St, ZIP		New Address
Document #		City, St, ZIP
Name		
New Address		Old Address
City, St, ZIP		City, St, ZIP
Document #		
Name		New Address
New Address		City, St, ZIP
City, St, ZIP		

STAPLE CHECK HERE

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 agent of the limited partnership named above; and that I am authorized to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Tom Costello 4/22/04 813-633-5886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #