

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 2:33

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # B98000000103

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



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

3. Mailing Address

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

City & State

Zip

Country

Zip

Country

04252006

Chg-LP

CR2E003 (11/05)

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 205-201
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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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
NAME	ASTON GARDENS AT SUN CITY CENTER NORTH, IN
STREET ADDRESS	137 S. PEBBLE BEACH BLVD., SUITE 205
CITY-STATE-ZIP	SUN CITY CENTER, FL 33573

STREET ADDRESS	137 So. PEBBLE BEACH BLVD., STE. 201
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CITY-STATE-ZIP

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CITY-STATE-ZIP

14. 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 it made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

Thomas Costello
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone, #

4/25/06

813-633-5886

STAPLE CHECK HERE