

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000103

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



FILED  
03 APR 30 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. 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

9. Capital Contributions as Shown on record. \$6,014,235.00

10. Amount of Capital Contributions in FLORIDA to date. \$ 6,014,235

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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.

DOCUMENT # F97000004145  
NAME ASTON GARDENS AT SUN CITY CENTER NORTH, IN  
STREET ADDRESS 137 S. PEBBLE BEACH BLVD., SUITE 205  
CITY-ST-ZIP SUN CITY CENTER FL 33573

STREET ADDRESS

CITY-ST-ZIP

100017609651

04/30/03-01036-016 \*\*526.25

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CITY-ST-ZIP

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 this report as provided by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-15-2003 (813) 633-7704  
Date Daytime Phone #

CR2E003 (10/02)

0013132 AT