

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # B98000000418		
1. Entity Name ASTON GARDENS AT PARKLAND COMMONS, LTD., L.P.		

Principal Place of Business 137 S. PEBBLE BEACH BLVD., STE 205 SUN CITY CENTER, FL 33573	Mailing Address 137 S. PEBBLE BEACH BLVD., STE 205 SUN CITY CENTER, FL 33573
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country



04272004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3518602	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUTCHINSON, RICHARD 137 S. PEBBLE BEACH BLVD., STE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record \$8,871,306.67	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	F98000003646	STREET ADDRESS	
NAME	ASTON GARDENS AT PARKLAND COMMONS, INC.	CITY - ST - ZIP	
STREET ADDRESS	137 S. PEBBLE BEACH BLVD., STE 205		
CITY - ST - ZIP	SUN CITY CENTER, FL 33573		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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CITY - ST - ZIP			

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05/10/04-80026-012 526.25

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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **4/27/04** **813-633-5882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #