2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000017745

1. Entity Name
HHH ASTON FUND, LLC

'04 MAY 10 AM 7:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
1920 E. HALLANDALE BEACH BOULEVARD
SUITE 906
HALLANDALE, FL 33009

Mailing Address
1920 E. HALLANDALE BEACH BOULEVARD
SUITE 906
HALLANDALE, FL 33009

04142004 Chg-LLC CR2E083 (10/03) 5/10

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 33-1064161 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LIPSON, ARTHUR E
1920 E. HALLANDALE BEACH BOULEVARD
SUITE 906
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

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. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LIPSON, ARTHUR E 1920 E. HALLANDALE BEACH BOULEVARD S906 HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition S04100905690
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HAHAMOVITCH, HARRY H 6353 W. ROGERS CIRCLE, SUITE 1 BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 04/05/04 90498-048 $50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] ARTHUR E. LIPSON, MGR 4/14/04 (954) 454-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #