



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # L04000055166</b><br>1. Entity Name<br>ASTON ENTERPRISES, LLC |  |
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| Principal Place of Business<br>944 CHICKADEE DRIVE<br>PORT ORANGE, FL 32127 US | Mailing Address<br>944 CHICKADEE DRIVE<br>PORT ORANGE, FL 32127 US |
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| 04232008 No Chg-LLC  | CR2E083 (12/07)                          |
| 4. FEI Number<br>20-1406370  | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>               | <b>\$5.00</b> Additional<br>Fee Required |

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| <b>6. Name and Address of Current Registered Agent</b><br><br>FRIEBIS, DANIEL S<br>3890 TURTLE CREEK DRIVE<br>SUITE B<br>PORT ORANGE, FL 32127 |
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| 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 _____<br><small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |

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| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b> |
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| 9. MANAGING MEMBERS/MANAGERS                   |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>KEMP, WILSON<br>944 CHICKADEE DRIVE<br>PORT ORANGE, FL 32127   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>KEMP, CAROLINE<br>944 CHICKADEE DRIVE<br>PORT ORANGE, FL 32127 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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| <p>U000000930524<br/>05/21/08-80112-023 143.75</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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| 11. 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 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. |
| <b>SIGNATURE:</b> <u>Wilson Kemp Wilson Kemp</u> <u>386-756-7573</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>   |