

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120128

FILED
Mar 27, 2007
Secretary of State

Entity Name: ASTON GARDENS D-201 HOLDINGS CO., LLC

Current Principal Place of Business:

18591 CLAIRMONT CIRCLE EAST
NORTHVILLE, MI 48107

New Principal Place of Business:

18591 CLAIRMONT CIRCLE EAST
NORTHVILLE, MI 48168

Current Mailing Address:

18591 CLAIRMONT CIRCLE EAST
NORTHVILLE, MI 48107

New Mailing Address:

18591 CLAIRMONT CIRCLE EAST
NORTHVILLE, MI 48168

FEI Number: 20-4298074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, KENNETH R
4001 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAMS, STEVEN E
Address: 18591 CLAIRMONT CIRCLE EAST
City-St-Zip: NORTHVILLE, MI 48107

Title: MGRM (X) Delete
Name: CARTER, ELISA
Address: 2735 GREENTREE RD
City-St-Zip: LAKE OSWEGO, OR 97034

Title: MGRM (X) Delete
Name: KERSCHNER, LOUISE
Address: 4341 PHYLLIS DR.
City-St-Zip: NORTHBROOK, IL 60062

Title: MGRM (X) Delete
Name: THUMA, LINNEA
Address: 1 INDIAN HILL RD.
City-St-Zip: MEDFIELD, MA 02052

Title: MGRM (X) Delete
Name: WILLIAMS, THOMAS
Address: 7389 PINE VISTA DR.
City-St-Zip: BRIGHTON, MI 48116

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILLIAMS, STEVEN E
Address: 18591 CLAIRMONT CIRCLE EAST
City-St-Zip: NORTHVILLE, MI 48168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN E. WILLIAMS

MRG

03/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date