


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90069 047 ****50.00

DOCUMENT # L06000038383	
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1. Entity Name
ASTON REALTY LLC

Principal Place of Business
**8508 PADOVA COURT
ORLANDO, FL 32836 US**

Mailing Address
**8508 PADOVA COURT
ORLANDO, FL 32836 US**



2. Principal Place of Business - No P.O. Box #
6272 BORDEAUX CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
6272 BORDEAUX CIRCLE
Suite, Apt. #, etc.

04242007 Chg-LLC CR2E083 (12/06)

City & State
SANFORD FL
Zip
32771 Country
US

City & State
SANFORD FL
Zip
32771 Country
US

4. FEI Number
20-4686304 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOXLEY, DAVID
6272 BORDEAUX CIRCLE
SANFORD, FL 32771**

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



David Boxley

04/23/2007

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGRM ☐ Delete
NAME
BOXLEY, DAVID
STREET ADDRESS
3 NABER FURLONG, THORPE MARRIOT
CITY-ST-ZIP
NORWICH, NF NR86XW

TITLE
MGR ☐ Delete
NAME
ROBINSON, KARLA
STREET ADDRESS
2715 BARTLETT DRIVE
CITY-ST-ZIP
KISSIMMEE, FL 34741

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

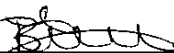
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:



David Boxley

04/23/2007

407-913-7901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #