Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

						4		
DOCUMENT # M0000001724 1. Entity Name ASTON GARDENS AT TAMPA BAY, LLC					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Plac	ce of Business	Mailing Address	<u></u>		OTMAR 19 PM 2	; 44		
137 S. PEBB	ILE BEACH BLVD., SUITE 201	137 S. PEBBLE BEACH	BLVD SUITE 201					
SUN CITY CENTER FL 33573 SUN CITY CENTER FL 3			33573			1		
						AND REPORT FOR A CORP.	E HARII EREK HEEK	
9 Principal I	Place of Business	3. Mailing Address	 -					
2. Throught face of business		6. Ividining Address						
Suite, Apt.	.#, etc: ====================================	" Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THI	S SPACE		
City & Stat	te .	City & State		A FELI	Number	· TAI	pplied For	
City & State		Only to State		4. 7611	59-3646759		ot Applicable	
Zip Country		Zip	Country	5. Certificate of Status Desired \$5.00 Additional				
<u>-</u>	6. Name and Address of Current	Registered Agent		7 Nam	e and Address of New Registere	Fee Require	∌d	
······································	o. Hame and Address of Cuffent	Hollisteren whallf	Name		e and wedness or new negligible	n vAquir		
HUTCHIN	ISON, RICHARD		Street	Street Address (P.O. Box Number is Not Acceptable)				
	eb ble Be ach Blvd., Suite 201		Olleet	Sileet Address (F.O. DOX Nulliber is Not Acceptable)				
SUN CITY	Y CENTER FL 33573							
			City		F	Zip Cod	le	
R The above	named entity submits this statement for	or the nurnose of changing its	s registered office	or registered agent	<u> </u>			
0. 11.0 aboto	Trained drinky debrine the drates here is	or the purpose or origing in	o regiotorea emee	or registered agent,	or boar, at the state of horiza.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if englishing (AIC)	TE Begistered Apost size	nature required when reinstat	ing) DATE			
·	Signature, typed or printed frame or registered agent	and the mappicable. (140	te. negistalau Agent sigi	Main radores when romstat	Ing) DALE			
	a same granda e		IOW!!! FEE IS	•		a. <u>=</u>	-	
		Make Check P	ayable to Depa	rtment of State				
9.	MANAGING MEMB	ERS/MEMBERS	10.	,	ADDITIONS/CHANGE			
TITLE	MGR	Delete	TITLE	Asten 1	nuestors, LCC	Change	☐ Addition	
name Street address	ACKERMAN, DON E s 137 S. PEBBLE BEACH BLVD., SUITE 201		NAME STREET ADDRESS	107 40	mor 137 bouth Pebble Beach Blvd.			
CITY-ST-ZIP	SUN CITY CENTER FL 33573		CITY-ST-ZIP	' I	Bun City Center, Fr. 33573			
IITLE	MGR	Delete	TITLE	<u> </u>		☐ Change	☐ Addition	
NAME	HOFFMAN, ALFRED JR.		NAME		30000392:	3523·	0	
STREET ADDRESS CITY-ST-ZIP	137 S. PEBBLE BEACH BLVD., SUN CITY CENTER FL 33573	SUITE 201	STREET ADDRESS CITY-ST-ZIP	5	-03/29/01- *****50.00			
TITLE	SON ON TOURIER TE 00070	☐ Delete	TITLE .	 	***************************************	☐ Change	Addition	
VAME:	,		NAME		•			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	5				
·			CITY-ST-ZIP	 			C Adams	
TITLE VAME	,	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS				_	
CITY-ST-ZIP			CITY-ST-ZIP	 				
ritle Vame		Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS	: [•			
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	•	☐ Delete	TITLE	}		☐ Change	Addition	
IAME STREET ADDRESS		_	NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
I1. hereby c	certify that the information consided with	this filing does not qualify to	or the exemption st	ated in Section 119.0	07(3)(i), Florida Statutes. I further c	ertify that the ir	nformation	
indicated limited lial	certify that the information expected with on this report is true and accurate and bility company or the receiver or there	that my signature shall have employeed to execute this	the same legal eff	ect as if made under I by Chapter 608. Fin	oath; that I am a managing memi orida Statutes.	per or manage	r of the	
٠	100	$X / / / / \sqrt{2}$						
	/ X .1 1		`	1				