

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000001724 1. Entity Name ASTON GARDENS AT TAMPA BAY, LLC	
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Principal Place of Business 137 S. PEBBLE BEACH BLVD., SUITE 201 SUN CITY CENTER, FL 33573	Mailing Address 137 S. PEBBLE BEACH BLVD., SUITE 201 SUN CITY CENTER, FL 33573
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03182004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number 59-3646759	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HUTCHINSON, RICHARD 137 S. PEBBLE BEACH BLVD., SUITE 201 SUN CITY CENTER, FL 33573

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASTON INVESTORS LLC 137 S. PEBBLE BEACH BLVD., SUITE 201 SUN CITY CENTER, FL 33573
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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:  **Tom Castello** **4/27/04** **813-633-5886**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone