

2001 UNIFORM BUSINESS REPORT (UBR)

0016806 AF

DOCUMENT # M00000002241

1. Entity Name

ASTON INVESTORS LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 19 PM 2:44

Principal Place of Business

137 S. PEBBLE BEACH BLVD., STE. 201
SUN CITY CENTER FL 33573

Mailing Address

137 S. PEBBLE BEACH BLVD., STE. 201
SUN CITY CENTER FL 33573

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUTCHINSON, RICHARD

137 S. PEBBLE BEACH BLVD., STE. 201
SUN CITY CENTER FL 33573

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR
RICHARD HOFFMAN, JR.
STREET ADDRESS 24301 Walden Center Drive
CITY-ST-ZIP Bonita Springs, Florida 34134

TITLE NAME ☐ Change ☐ Addition
000003929520-3
-03/29/01--01065--024
*****50.00 *****50.00

TITLE NAME ☐ Delete
MGR
DON E. ACKERMAN
STREET ADDRESS 24311 Walden Center Drive
CITY-ST-ZIP Bonita Springs, Florida 34134

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

TITLE NAME ☐ Delete
MGR
JEFFREY GARGIULO
STREET ADDRESS 649 5th Avenue South Suite 221
CITY-ST-ZIP Naples, FL 34102

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

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

Date

Daytime Phone #

CR2E083 (11/00)