
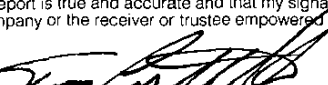


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90035 004 ****50.00

DOCUMENT # M00000002241 1. Entity Name ASTON INVESTORS LLC					
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	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, ALFRED JR.			NAME	
STREET ADDRESS	24301 WALDEN CENTER DR.			STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKERMAN, DON E			NAME	<i>137 So. Pebble Beach Blvd., #201</i>
STREET ADDRESS	24301 WALDEN CENTER DR.			STREET ADDRESS	<i>Sun City Center, FL 33573</i>
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP	
TITLE	MGR <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COARGIULO, JEFFREY			NAME	
STREET ADDRESS	24301 WALDEN CENTER DR.			STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP	
TITLE	MGR <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, TOM			NAME	
STREET ADDRESS	137 S PEBBLE BEACH BLVD, STE 201			STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	<i>Mr. Hoffman, Matthew</i>
STREET ADDRESS				STREET ADDRESS	<i>137 So. Pebble Beach Blvd., #201</i>
CITY-ST-ZIP				CITY-ST-ZIP	<i>Sun City Center, FL 33573</i>
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	