

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018807 AF

**DOCUMENT # M00000002244**

1. Entity Name  
**ASTON GARDENS AT VENICE, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR 19 PM 1:18

Principal Place of Business      Mailing Address  
137 S. PEBBLE BEACH BLVD., STE. 201      137 S. PEBBLE BEACH BLVD., STE. 201  
SUN CITY CENTER FL 33573      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  
**59-3696527**      Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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.

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sole Manager</i> <i>Aston Investors, LLC</i> <i>137 South Pebble Beach Blvd</i> <i>Sun City Center, FL 33573</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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\*\*\*\*\*50.00    \*\*\*\*\*50.00

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 REQUIRED** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)