2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0000002244 1. Entity Name ASTON GARDENS AT VENICE, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS					
				_	-	01	MAR 19	PM I	: 18		
Principal Place of Business Mailing Address										•	
137 S. PEBBLE BEACH BLVD., STE. 201 137 S. PEBBLE BEACH BLVD. SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573				IE. 201							
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2. Principal Place of Business 3. Mailing Address							B#{ B# ##	i ngjit bbiti þ		01E) 919 189	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1	DO	NOT WRITE	IN THIS S	PACE	_	
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City & Stat	TB	City & State	City & State			4. FEI Number Applied For S9 - 369 652 7 Not Applicab					
Zip	Country	Zip	Cour	ntry		ficate of Status		п \$	5.00 Add		
···	6. Name and Address of Current F	Registered Agent			7. Nam	e and Address	of New Re		ee Require		
				Name	7, Hambaria Address of Nov. Hogisterica Agent						
HUTCHINSON, RICHARD				Street Address (Address (P.O. Box Number is Not Acceptable)						
137 S. PEBBLE BEACH BLVD., STE. 201							<u>'</u>				
SUN CIT	Y CENTER FL 33573			<u> </u>							
				City				FL	Zip Cod	e	
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or register	red agent,	or both, in the	State of Flori	da.			
	•					•					
SIGNATURE .	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE	: Registere	d Agent signature required	d when reinstati	ng)		DATE			
											
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9.	MANAGING MEMBE		10.			A	DDITIONS/C				
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NAME STREET ADDRESS			NAM STRE	ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP						_	
indicated limited lia	certify that the information supplied with to on this report is true and accurate and the billity company or the recover or trustee	hat my standule shall have the compowered to execute this re	the exe he same eport as	mption stated in Se e legal effect as if n required by Chapt	ection 119.0 nade under ter 608, Flo	07(3)(i), Florida r oath; that I ar rida Statutes.	i Statutes. I f n a managir	urther certing member	y that the ir or manage	nformation r of the	
SIGNAT	SIGNATURE AND TYPED OF PRINTED NAME OF	SIGNING MANAGING MEMBER, MAN	AGER, OR	AUTHORIZED REPRESE	NTATIVE	Date		Day	time Phone #		