


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000002244 1. Entity Name ASTON GARDENS AT VENICE, LLC	
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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
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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
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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 _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AKERMAN, DON E 137 SOUTH PEBBLE BEACH BLVD. SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOFFMAN, ALFRED JR. 137 SOUTH PEBBLE BEACH BLVD. 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)(f), 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 Casella** **4/27/04** **813-633-5886**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #