

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 28 AM 8:51

DOCUMENT # M00000002244

1. Entity Name
ASTON GARDENS AT VENICE, 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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232005 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3696527

Applied For
Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME AKERMAN, DON E
STREET ADDRESS 137 SOUTH PEBBLE BEACH BLVD.
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE MGR ☐ Delete
NAME HOFFMAN, ALFRED JR.
STREET ADDRESS 137 SOUTH PEBBLE BEACH BLVD.
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition
NAME TOM COSTELLO
STREET ADDRESS 137 S. PEBBLE BEACH BLVD., STE 201
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Change ☐ Addition
NAME 600054346796
STREET ADDRESS 05/12/05--01086--004 **111.25
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
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 #

Thomas Costello

3/24/05 813-633-5886