LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002244

1. Entity Name

ASTON GARDENS AT VENICE, LLC

FILED
03 JUN -2 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
137 S. PEBBLE BEACH BLVD	137 S. PEBBLE BEACH BLVD
Suite, Apt. #, etc.: STE 201	Suite, Apt. #, etc.: STE 201
City & State: SUN CITY CENTER, FL	City & State: SUN CITY CENTER, FL
Zip: 33573 Country:	Zip: 33573 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3696527 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HUTCHINSON, RICHARD

Street Address (P.O. Box Number is Not Acceptable): 137 S. PEBBLE BEACH BLVD., STE. 201

City: SUN CITY CENTER FL Zip Code: 33573

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DON E. ACKERMAN 137 SOUTH PEBBLE BEACH BLVD SUN CITY CENTER FL 33573	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ALFRED HOFFMAN, JR 137 SOUTH PEBBLE BEACH BLVD SUN CITY CENTER FL 33573	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P 600020417336
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / 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: _____ 6-1-03 813-633-5583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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ACCOUNT NO. : 072100000032

REFERENCE : 114817 4804661

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 50.00

ORDER DATE : June 2, 2003

ORDER TIME : 3:08 PM

ORDER NO. : 114817-005

CUSTOMER NO: 4804661

CUSTOMER: Rita Slager, Legal Assistant
Michael Best & Friedrich Llc
Suite 1900
401 North Michigan Avenue
Chicago, IL 60611-4206

FILED
03 JUN -2 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: ASTON GARDENS AT VENICE LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#1135

EXAMINER'S INITIALS:

RECEIVED
03 JUN -3 AM 9:12
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA