

Jun 02 03 01:15p

H R DEPT

813-642-8795

PAGE 1

**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

137 S. PEBBLE BEACH BLVD

Suite, Apt. #, etc.

STE 201

3. Mailing Address

137 S. PEBBLE BEACH BLVD

Suite, Apt. #, etc.

STE 201

City & State

SUN CITY CENTER, FL

City & State

SUN CITY CENTER, FL

4. FEI Number

59-3696527

Applied For

Not Applicable

Zip

33573

Country

Zip

33573

Country

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

DO NOT WRITE IN THIS SPACE

**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

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

DATE

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

600020417336

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

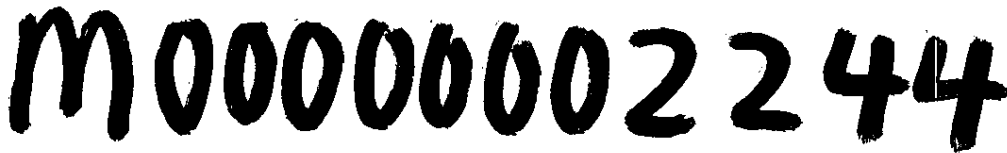
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

6-1-03

813-633-5883



RECEIVED
03 JUN - 2 AM 12