

2002 UNIFORM BUSINESS REPORT (UBR)

0013630 AT

DOCUMENT # A01000001500
 1. Entity Name
RED ASPEN INVESTMENTS LIMITED

FILED

02 JAN 18 AM 12:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business: **449 CENTRAL AVE., SUITE 204 ST. PETERSBURG FL 33701**
 Mailing Address: **449 CENTRAL AVE., SUITE 204 ST. PETERSBURG FL 33701**

2. Principal Place of Business: _____ 3. Mailing Address: _____

Suite, Apt. #, etc.: _____ Suite, Apt. #, etc.: _____

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

DUE BY MAY 1, 2002
 4. FEI Number: **59-3755429**
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
REPKA, DAVID D
449 CENTRAL AVE., SUITE 204
ST. PETERSBURG FL 33701

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.

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

9. Capital Contributions as Shown on record: **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date: _____

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P01000108451
NAME	THG MANAGEMENT, INC.
STREET ADDRESS	449 CENTRAL AVE., SUITE 204
CITY-ST-ZIP	ST. PETERSBURG FL 33701
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	800004794218--2
STREET ADDRESS	01/24/02--01051--005
CITY-ST-ZIP	***141.25 ***141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **1-16-02** **727-289-4400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)