



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

[illegible]

DOCUMENT # A97000000937				SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Name MSE ASPEN HOLDINGS, LTD.		05 MAR -9 AM 9:19			
Principal Place of Business 110 E. BROWARD BLVD., SUITE 1400 FT. LAUDERDALE, FL 33301		Mailing Address PO BOX 029006 FORT LAUDERDALE, FL 33302			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03042005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-0747447	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMITH, DENNIS D ESQ. 110 SE 6TH ST., 15TH FLOOR FT. LAUDERDALE, FL 33301				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable.</small>					
9. Capital Contributions as Shown on record. \$990.00		10. Amount of Capital Contributions in FLORIDA to date. 990.00			
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
P97000037880 MSE ASPEN HOLDINGS, INC. 110 E. BROWARD BLVD., SUITE 1400 FT. LAUDERDALE, FL 33301			CITY-ST-ZIP		
			100042498801 03/16/05 01003 010 **141.25		
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			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: Rowis L. [Signature] Date: 3/4/05 9547695942					