


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -9 AM 9:19

DOCUMENT # A97000000937					
1. Entity Name MSE ASPEN HOLDINGS, LTD.					
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.			
City & State		City & State		03042005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0747447	
				Applied For Not Applicable	
				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		
			<b>FL</b>		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 title if applicable.</small>					
9. Capital Contributions as Shown on record. \$990.00			10. Amount of Capital Contributions in FLORIDA to date. 990.00		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000037880			STREET ADDRESS	
NAME	MSE ASPEN HOLDINGS, INC.			CITY-ST-ZIP	
STREET ADDRESS	110 E. BROWARD BLVD., SUITE 1400			100048498801	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301			03/16/05 01009 010 **141.25	
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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: <u>Robin S. Lebowitz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> Date: <u>3/1/05</u> Daytime Phone #: <u>9547695949</u>					

STAPLE CHECK HERE