


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90144 028 ****50.00

DOCUMENT # L00000006098

1. Entity Name
KOSFREUDFIELD ASPEN, L.C.



Principal Place of Business: **100 S.E. 2ND STREET, 28TH FLOOR MIAMI, FL 33131**
Mailing Address: **100 S.E. 2ND STREET, 28TH FLOOR MIAMI, FL 33131**

2. Principal Place of Business: Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country



07232004 Chg-LLC CR2E083 (10/03)

4. FEI Number **65-1011410**
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET, 28TH FLOOR
MIAMI, FL 33131

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. 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. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FREUD, JOHN	
STREET ADDRESS	999 BRICKELL AVENUE, #1000	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FREUD, DEBORAH	
STREET ADDRESS	999 BRICKELL AVENUE, #1000	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	KOSNITZKY, MICHAEL	
STREET ADDRESS	100 S.E. 2ND STREET, 28TH FLOOR	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	MEM	<input checked="" type="checkbox"/> Delete
NAME	LAYFIELD, RICHARD L.	
STREET ADDRESS	4411 PINE TREE DR	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	WISH, JERROLD A	
STREET ADDRESS	1221 BRICKELL AVE 21ST FL	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **JOHN S. FREUD** **7-26-04** **305-371-9191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #