2004 LIMITED LIABILITY COMPANY - - ANNUAL REPORT

DOCUMENT # L00000008164

1. Entity Name

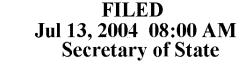
BARR/ASPEN LLC

Principal Place of Business

Mailing Address

16416 WINDSOR PARK DRIVE

16416 WINDSOR PARK DRIVE LUTZ, FL 33549 LUTZ, FL 33549





07042004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number Applied For 59-3659006 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARR, K. JOHN 16416 WINDSOR PARK DRIVE LUTZ, FL 33549

NAME STREET ADDRESS

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 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. Lam familiar with, and the obligations of registered agent. 				
SIGNATURE	Signature, typed or printed name of registered agent and site if applicable.	(FIGTE: Registered Agent agressure required when reviatoring)	DATE	
Filing Fee is \$50.00 Due by September 8, 2004				
9.	MANAGING MEMBERS/MANAGERS	£		

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARR, K. JOHN 16416 WINDSOR PARK DRIVE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DARREN CLINT BARR 2115 VALENCIA ROAD ORLANDO, FL 32803
title Name Street Address City-St-Zip	MGRM MARSHA BARR REED 4108 WATERFORD DRIVE ALEXANDRIA, LA 71303
TITLE NAME STREET ADDRESS GITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
BILE	

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 608, Florida Statutes.

SIGNATURE: ING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #