2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008164

Entity Name: BARR/ASPEN LLC

FILED Apr 10, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16416 WINDSOR PARK DRIVE LUTZ, FL 33549

Current Mailing Address: New Mailing Address:

16416 WINDSOR PARK DRIVE LUTZ, FL 33549

FEI Number: 59-3659006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

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:

Electronic Signature of Registered Agent Date

Electronic dignature of registered regent

ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 BARR, K. JOHN
 Name:

 Address:
 16416 WINDSOR PARK DRIVE
 Address:

City-St-Zip: LUTZ, FL 33549 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: DARREN CLINT BARR, Name: DARREN CLINT BARR,

 Address:
 2115 VALENCIA ROAD
 Address:
 5317 CURRY ROAD, APT. P 204

 City-St-Zip:
 ORLANDO, FL 32803
 City-St-Zip:
 ORLANDO, FL 32812

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MARSHA BARR REED,
 Name:

 Address:
 4108 WATERFORD DRIVE
 Address:

 City-St-Zip:
 ALEXANDRIA, LA 71303
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: K. JOHN BARR MGRM 04/10/2006