


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000007508 1. Entity Name PADC ASPEN HOLDINGS, LLC	
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Principal Place of Business <input type="checkbox"/> 550 BILTMORE WAY STE 970 CORAL GABLES FL 33134	Mailing Address 550 BILTMORE WAY STE 970 CORAL GABLES FL 33134
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1st MOORE CR2E083 (10/04)

2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State Zip Country	City & State Zip Country
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4. FEI Number 03-0424564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST 2ND STREET, SUITE 3500 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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE	P <input type="checkbox"/> Delete
NAME	PEEBLES, RD
STREET ADDRESS	550 BILTMORE WAY 970
CITY - ST - ZIP	CORAL GABLES FL 33134
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000271847
STREET ADDRESS	03/21/05-80065-005 50.00
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)(f), 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:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____