2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000026751

1. Entity Name
ASPEN AVIATION, LLC

Principal Place of Business	Mailing Address
C/O DAVID G. BUDD 3033 RIVIERA DRIVE, SUITE #201 NAPLES, FL 34103	C/O DAVID G. BUDD 3033 RIVIERA DRIVE, SUITE #201 NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

02252005No Chg-LLC CR2E083 (10/03)

4. FEI Number
22-3884360
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUDD, DAVID G
3033 RIVIERA DRIVE, SUITE #201
NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

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 May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRT
NAME	STARMAN, SHELDON W
STREET ADDRESS	4099 TAMIAMI TRAIL NORTH STE 400
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	MGRS
NAME	BUDD, DAVID G
STREET ADDRESS	3033 RIVIERA DR STE 201
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	MGR
NAME	DAVIS, JULIA M
STREET ADDRESS	9201 W OLYMPIC BLVD STE 200
CITY-ST-ZIP	BEVERLY HILLS, CA 90212
TITLE	AS
NAME	LAPIN, DAVID A
STREET ADDRESS	9201 W OLYMPIC BLVD, STE 200
CITY-ST-ZIP	BEVERLY HILLS, CA 90212
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000250389
03/04/05-80009-002 55.00

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: David G Budd 2/28/05 (239) 263-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

DAVID G. BUDD, ASSISTANT OPERATING MANAGER