

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000026751

1. Entity Name
ASPEN AVIATION, LLC



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

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



02242006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRT
STARMAN, SHELDON W
4099 TAMiami TRAIL NORTH STE 400
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRS
BUDD, DAVID G
3033 RIVIERA DR STE 201
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
DAVIS, JULIA M
9201 W OLYMPIC BLVD STE 200
BEVERLY HILLS, CA 90212

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
LAPIN, DAVID A
9201 W OLYMPIC BLVD, STE 200
BEVERLY HILLS, CA 90212

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000453108
03/14/06-80007-008 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/27/06 (239) 263-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DAVID G. BUDD, ASSISTANT OPERATING MANAGER

Date

Daytime Phone #