2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

| DOCUMENT # L02000026751 1. Entity Name ASPEN AVIATION, LLC | | | | 04-30-2007 90045 037 ****55.00 | | | | |
|---|--|---|--|-------------------------------------|-------------------|---|----------------------------|--|
| 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 # NAPLES, FL 34103 | | UITE #201 | I |] 4 | 10088769 | | | |
| NAFEE3, 1E 34103 | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 5551 Ridgewood Drive c/o David G. B | | BUdd | dd | | | | | |
| Suite, Apt. #, etc. Suite 501 Suite, Apt. #, etc. 5551 Ridgewood | | d Dr. | , #501 | 01 04262007 Chg-LLC CR2E083 (12/06) | | | | |
| City & State | City & State | | | 4. FEI Numbe | | ⊢ + → | olied For | |
| Naples, FL Zip Country | Naples, FL Zip Country | | | 22-388 | · | \$5,00 Addi | Applicable | |
| 34108 USA | 34108 | | USA | | of Status Desired | Fee Required | | |
| 6. Name and Address of Current I | Registered Agent | N | lame | 7. Name and | Address of New R | egistered Agent | | |
| BUDD, DAVID G 3033 RIVIERA DRIVE, SUITE #201 NAPLES, FL 34103 | | | Street Address (P.O. Box Number is Not Acceptable) 5551 Ridgewood Drive, Suite 501 | | | | | |
| · | | _ | | | | 1 = 2 . | | |
| | | | | Naples FL 34108 | | | | |
| 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 sonature required when reinstating) DATE | | | | | | | | |
| Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE | : Registered Ag | ent signature require | d when reinstating) | | DATE | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | | | e check payable to Department of State | , | |
| 9. MANAGING MEMBE | | 10. | | | ADDITIONS/ | | | |
| TITLE MGRT NAME STARMAN, SHELDON W | _ 5555 | | | | | | _ | |
| | | TITLE NAME | | | | CHANGES Change | Addition | |
| STREET ADDRESS 4099 TAMIAMI TRAIL NORTH ST CITY-SI-ZIP NAPLES, FL 34103 | | TITLE NAME STREET A CITY-ST- | ı | | | | Addition (| |
| CITY-ST-ZIP NAPLES, FL 34103 TILE MGRS | | NAME STREET A CITY-ST- TITLE | ı | | | | Addition Addition | |
| CITY-ST-ZIP NAPLES, FL 34103 TITLE MGRS NAME BUDD, DAVID G | E 400 | NAME STREET A CITY-ST- TITLE NAME | ZIP | 1 Ridsew | ood Drive | ☐ Change | | |
| CITY-ST-ZIP NAPLES, FL 34103 TILE MGRS | E 400 | NAME STREET A CITY-ST- TITLE | ZIP DDRESS 555 | l Ridgew les, FL | | ☐ Change | | |
| 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 HILE MGR | E 400 | NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- | ZIP DDRESS 555 | | | ☐ Change | | |
| CITY-ST-ZIP NAPLES, FL 34103 TITLE MGRS NAME BUDD, DAVID G STREET ADDRESS 3033 RIVIERA DR STE 201 NAPLES, FL 34103 | □ Delete | NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- | DDRESS 555 Nap | | | □ Change ☑ Change Suite 501 | ☐ Addition | |
| CITY-ST-ZIP NAPLES, FL 34103 TITLE MGRS NAME BUDD, DAVID G STREET ADDRESS 3033 RIVIERA DR STE 201 NAPLES, FL 34103 HTLE MGR NAME DAVIS, JULIA M | □ Delete | NAME STREET A CITY-SI- TITLE NAME STREET A CITY-ST- TITLE NAME | DDRESS 555 Nap | | | □ Change ☑ Change Suite 501 | ☐ Addition | |
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1.1. I hereby certify that the information supplied with this filing does not quality 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: Dav DUBBULD 4/27/07 (239) 514-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daysime Phone #