2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000026751

Entity Name

ASPEN AVIATION, LLC



Principal Place of Business Mailing Address C/O DAVID G. BUDD C/O DAVID G. BUDD 3033 RIVIERA DRIVE, SUITE #201 3033 RIVIERA DRIVE, SUITE #201 NAPLES FL 34103 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. KX CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number -22 - 3884360Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUDD, DAVID G Street Address (P.O. Box Number is Not Acceptable) 3033 RIVIERA DRIVE, SUITE #201 NAPLES FL 34103 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 200 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. Change TITLE Delete TITLE MGRT XXAddition NAME NAME Sheldon W. Starman STREET ADDRESS STREET ADDRESS 4099 Tamiami Trail North, Ste. 400 CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34103 ☐ Delete TITLE Change Addition **AMGRS** NAME NAME David G. Budd STREET ADDRESS STREET ADDRESS 3033 Riviera Drive, Ste. 201 CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34103 TITLE ☐ Delete TITLE Change Addition **AMGR** NAME Julia M. Davis STREET ADDRESS STREET ADDRESS 9201 W. Olympic Blvd., Ste. 200 Beverly Hills, CA 90212 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change **₹**XAddition AS NAME David A. Lapin STREET ADDRESS STREET ADDRESS 9201 W. Olympic Blvd., Ste. 200 CITY-ST-7/P CITY-ST-ZIP Beverly Hills, CA 90212 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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.

SIGNATUR

JRE: JEWWY JAWANE OF STORMS MANAGING MEMBERS MANAGER, OR AUTHORIZED REPRESENTATIVE

<u>239) 263–7700</u>

FILED

Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90005 041 ****50.00

Daytime Phone i

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