


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90217 009 ****50.00

| | | | | | |
|--|-----------------------------------|---------------------------------|---|---|--|
| DOCUMENT # L02000026757 | | | |  | |
| 1. Entity Name ASPEN HELICOPTERS, 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 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 4. FEI Number 02242004 Chg-LLC CR2E083 (10/03) 22-3884361 | | | | <input type="checkbox"/> 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 | | | 7. Name and Address of New Registered Agent | | |
| BUDD, DAVID G 3033 RIVIERA DRIVE, SUITE #201 NAPLES, FL 34103 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | FL |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STARMAN, SHELDON W | | NAME | | |
| STREET ADDRESS | 4099 TAMiami TR. NORTH, SUITE 400 | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34103 | | CITY-ST-ZIP | | |
| TITLE | MGRS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BUDD, DAVID G | | NAME | | |
| STREET ADDRESS | 3033 RIVIERA DR., SUITE 201 | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34103 | | CITY-ST-ZIP | | |
| TITLE | MGRA | <input type="checkbox"/> Delete | TITLE | MGR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, JULIA M | | NAME | | |
| STREET ADDRESS | 9201 W. OLYMPIC BLVD., SUITE 200 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BEVERLY HILLS, CA 90212 | | CITY-ST-ZIP | | |
| TITLE | AS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LAPIN, DAVID A | | NAME | | |
| STREET ADDRESS | 9201 W. OLYMPIC BLVD., SUITE 200 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BEVERLY HILLS, CA 90212 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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. | | | | | |
| SIGNATURE: <i>David G. Budd</i> | | | 3/19/04 (239) 263-7700 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |
| DAVID G. BUDD, ASSISTANT OPERATING MANAGER | | | | | |