


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

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



02252005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3884361	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

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03/04/05-80009-009 55.00

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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