


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 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
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02242006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-3884361	Applied For Not Applicable
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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 \_\_\_\_\_ 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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRT 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	
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03/14/06-80007-010 55.00

**DO NOT WRITE  
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 Date Davime Phone #  
DAVID G. BUDD, ASSISTANT OPERATING MANAGER