

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000026757	
1. Entity Name ASPEN HELICOPTERS, LLC	



Principal Place of Business 5551 RIDGEWOOD DR SUITE 501 NAPLES, FL 34108	Mailing Address 5551 RIDGEWOOD DR SUITE 501 NAPLES, FL 34108
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04252008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3884361	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BUDD, DAVID G 5551 RIDGEWOOD DR SUITE 501 NAPLES, FL 34108

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000937397
 05/27/08-80048-019 143.75

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 5551 RIDGEWOOD DR SUITE 501 NAPLES, FL 34108
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	

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 Date: 4-25-08 Daytime Phone #: 239 514 1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DAVID G BUDD, Secretary