2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000003916

1. Entity Name
ASPEN INVESTORS, LLC



FILED May 01, 2006 08:00 AN Secretary of State

Daytime Phone #

Principal Place of Business 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655 Mailing Address PO BOX 2108 ELFERS, FL 34680-2108



DO NOT WRITE IN THIS SPACE

01172006No Chg-LLC CR2E083 (11/05)

 4. FEI Number
 Applied For

 75-3098036
 Not Applicable

5. Certificate of Status Desired
\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUDSON, JOHN E JR 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changions of registered agent.	ging its registered office	e or registered agent, or both, i	n the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered			gnature required when reinstating}	DATE
	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUDSON, JOHN E JR 8801 RIVER CROSSING BLVD NEW PORT RICHEY, FL 34655			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			O	000000557988 5/17/06-80073-021 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			100	OT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADORESS CITY-ST-ZIP				
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.				