

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90066 016 ****55.00

DOCUMENT # L03000004809

1. Entity Name
**ASPEN GOLF COURSE CONSTRUCTION &
RENOVATION, LC**



Principal Place of Business

**4700 MILLENIA BLVD.
SUITE #175
ORLANDO, FL 32839**

Mailing Address

**4700 MILLENIA BLVD.
SUITE #175
ORLANDO, FL 32839**

24037100



2. Principal Place of Business

800 Celebration Ave.

Suite, Apt. #, etc.

Suite 225

City & State

Celebration, FL

Zip

34747

Country

USA

3. Mailing Address

800 Celebration Ave.

Suite, Apt. #, etc.

Suite 225

City & State

Celebration, FL

Zip

34747

Country

USA

03092004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

02-0681545

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BENETTI, MATTHEW J
4700 MILLENIA BLVD.
SUITE #175
ORLANDO, FL 32839**

7. Name and Address of New Registered Agent

Name

Benetti, Matthew J

Street Address (P.O. Box Number is Not Acceptable)

800 Celebration Ave.

Suite 225

City

Celebration

FL

Zip Code

34747

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

Matthew Benetti

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BENETTI, MATTHEW J**
STREET ADDRESS **4700 MILLENIA BLVD.**
CITY-ST-ZIP **ORLANDO, FL 32839**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Benetti, Matthew J**
STREET ADDRESS **800 Celebration Ave. Suite 225**
CITY-ST-ZIP **Celebration, FL 34747**

TITLE **VICE PRES.** ☐ Change ☒ Addition
NAME **MIKE O'CONNOR**
STREET ADDRESS **800 CELEBRATION AVE SUITE 225**
CITY-ST-ZIP **CELEBRATION, FL 34747**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Matthew Benetti

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

4-21-04

Date

321.939.7897

Daytime Phone #