



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90002 004 \*\*\*\*50.00

<b>DOCUMENT # L03000038210</b> 1. Entity Name ASPENLIGHT INVESTMENT, LLC					
Principal Place of Business 2727 GRANTHAM CT. ORLANDO, FL 32835				Mailing Address 2727 GRANTHAM CT. ORLANDO, FL 32835	
2. Principal Place of Business <i>13506 Summerport Village</i>		3. Mailing Address <i>13506 Summerport Village</i>			
Suite, Apt. #, etc. <i>PKWY #155</i>		Suite, Apt. #, etc. <i>PKWY #155</i>			
City & State <i>Windermere, FL</i>		City & State <i>Windermere FL</i>			
Zip <i>34786</i>		Country <i>OC</i>			
4. FEI Number 20-0293056		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02282006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  ZHAO, CINDY X P.A. 2727 GRANTHAM CT. ORLANDO, FL 32835				7. Name and Address of New Registered Agent Name <i>Zhao Cindy Xin P.A.</i> Street Address (P.O. Box Number is Not Acceptable) <del>13506 Summerport Village</del> <i>PKWY #155</i> City <i>Windermere</i> FL Zip Code <i>34786</i>	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE <i>2-28-06</i>	
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZHAO, CINDY XIN 2727 GRANTHAM CT. ORLANDO, FL 32835	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cindy Xin Zhao 13506 Summerport Village PKWY #155, Windermere, FL 34786
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANG, ERIC Y 2510 LAUREL LANE WILMETTE, IL 60031	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <i>2-28-06</i> Daytime Phone #	