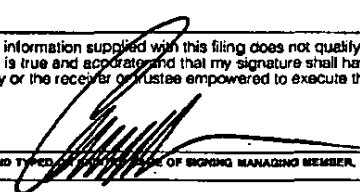


FILED
Mar 24, 2005 8:00 am
Secretary of State

03-02-2005 90017 020 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000051636		
1. Entity Name FAGAN ASPEN, LLC		
Principal Place of Business 4152 WEST BLUE HERON BLVD, STE 128 RIVIERA BEACH, FL 33404		Mailing Address 4152 WEST BLUE HERON BLVD, STE 128 RIVIERA BEACH, FL 33404
2. Principal Place of Business 631 US Highway 1 Suite, Apt. #, etc. Suite 400 City & State North Palm Beach, FL Zip 33408	3. Mailing Address 631 US Highway 1 Suite, Apt. #, etc. Suite 400 City & State North Palm Beach, FL Zip 33408	01202005 Chg-LLC CR2E083 (10/03)
4. FEI Number APPLIED FOR 20-1055202		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent WHITE, JOHN II 1645 PALM BEACH LAKES BLVD, STE 1200 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 necessary.)		
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY- ST- ZIP MGR FAGAN, GREGORY J 4152 WEST BLUE HERON BLVD, STE 128 RIVIERA BEACH, FL 33404 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 631 US Highway 1, Ste 400 North Palm Beach, FL 33408 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		2/23/05 561-848-7223 Daytime Phone