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Mar 24, 2005 8:00 am
Secretary of State
03-02-2005 90017 020 ****50.00

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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000051636

1. Entity Name
FAGAN ASPEN, LLC

30002422

Principal Place of Business	Mailing Address
4152 WEST BLUE HERON BLVD, STE 128 RIVIERA BEACH, FL 33404	4152 WEST BLUE HERON BLVD, STE 128 RIVIERA BEACH, FL 33404

2. Principal Place of Business	3. Mailing Address
631 US Highway 1	631 US Highway 1
Suite, Apt. #, etc. Suite 400	Suite, Apt. #, etc. Suite 400
City & State North Palm Beach, FL	City & State North Palm Beach, FL
Zip 33408 Country	Zip 33408 Country

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	7. Name and Address of New Registered Agent
WHITE, JOHN II 1645 PALM BEACH LAKES BLVD, STE 1200 WEST PALM BEACH, FL 33401	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 reinstating)

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	☒ Change ☐ Addition 631 US Highway 1, Ste 400 North Palm Beach, FL 33408
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)(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: ______________________ 2/23/05 561-848-7223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #