

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90020 017 ****50.00

DOCUMENT # L03000051636

1. Entity Name
FAGAN ASPEN, LLC



Principal Place of Business Mailing Address
631 US HWY 1 **631 US HWY 1**
STE 400 **STE 400**
NORTH PALM BEACH, FL 33408 **NORTH PALM BEACH, FL 33408**

20022184



2. Principal Place of Business 3. Mailing Address
631 US Highway 1, Ste 305 **631 US Highway 1, Ste 305**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 305 **Suite 305**

02062006 Chg-LLC CR2E083 (11/05)

City & State City & State
North Palm Beach, FL **North Palm Beach, FL**

4. FEI Number Applied For
20-1055202 Not Applicable

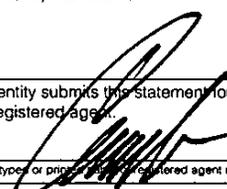
Zip Country Zip Country
33408 **33408** **33408**

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
Gregory J. Fagan
 Street Address (P.O. Box Number is Not Acceptable)
631 US Highway 1, Ste 305
 City State Zip Code
North Palm Beach FL 33408

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 **3/21/06**

Signature, type, or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006 **Make check payable to Florida Department of State**

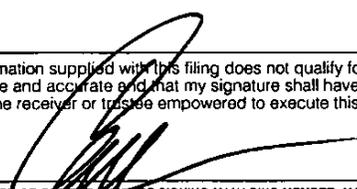
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAGAN, GREGORY J 631 US HWY 1 STE 400 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Gregory J. Fagan 631 US Highway 1, Ste 305 North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:  DATE **3/21/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #