

# 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  
**631 US HWY 1  
STE 400  
NORTH PALM BEACH, FL 33408**

Mailing Address  
**631 US HWY 1  
STE 400  
NORTH PALM BEACH, FL 33408**

**20022184**



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

3. Mailing Address  
**631 US Highway 1, Ste 305  
Suite, Apt. #, etc.  
Suite 305**

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

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

Zip  
**33408**

Country

Zip

**33408**

Country

02062006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**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  
**Gregory J. Fagan**

Street Address (P.O. Box Number is Not Acceptable)  
**631 US Highway 1, Ste 305**

City  
**North Palm Beach**

**FL**

Zip Code  
**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/21/06**

**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** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

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

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

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

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 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:**

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

**3/21/06**

Date

Daytime Phone #