

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90134 031 \*\*\*\*50.00

<b>DOCUMENT # L03000051636</b>					
<b>1. Entity Name</b> FAGAN ASPEN, LLC					
<b>Principal Place of Business</b> 631 UNITED STATES HIGHWAY ONE SUITE 305 NORTH PALM BEACH, FL 33408 US			<b>Mailing Address</b> 631 UNITED STATES HIGHWAY ONE SUITE 305 NORTH PALM BEACH, FL 33408 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 631 US Highway 1		<b>3. Mailing Address</b> 631 US Highway 1		<div style="font-size: 2em; margin-bottom: 10px;">60024170</div> <div style="margin-top: 10px;">                         01172007    Chg-LLC    CR2E083 (12/06)                     </div>	
<b>Suite, Apt. #, etc.</b> Suite 305		<b>Suite, Apt. #, etc.</b> Suite 305			
<b>City &amp; State</b> North Palm Beach, FL		<b>City &amp; State</b> North Palm Beach, FL			
<b>Zip</b> 33408		<b>Zip</b> 33408			
<b>4. FEI Number</b> 20-1055202				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FAGAN, GREGORY J 631 UNITED STATES HIGHWAY ONE SUITE 305 NORTH PALM BEACH, FL 33408			<b>7. Name and Address of New Registered Agent</b> Name Gregory J. Fagan Street Address (P.O. Box Number is Not Acceptable) 631 US Highway 1, Ste 305 City North Palm Beach <b>FL</b> Zip Code 33408		
<b>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.</b> SIGNATURE:     DATE: 3/5/07 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> FAGAN, GREGORY J 631 UNITED STATES HIGHWAY ONE SUITE 305 NORTH PALM BEACH, FL 33408		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Mgr</b> Gregory J. Fagan 631 US Highway 1, Ste 305 North Palm Beach, FL 33408	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>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.</b>					
<b>SIGNATURE:</b> DATE: 3/5/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					