

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003190

Entity Name: ASPEN MORTGAGE GROUP LLC

FILED  
Mar 17, 2006  
Secretary of State

## Current Principal Place of Business:

918 SW 9TH STREET CIR.  
#203  
BOCA RATON, FL 33486

## Current Mailing Address:

918 SW 9TH STREET CIR.  
#203  
BOCA RATON, FL 33486

## New Principal Place of Business:

5440 N W 33RD AVENUE  
111  
FORT LAUDERDALE, FL 33309

## New Mailing Address:

5440 N W 33RD AVENUE  
111  
FORT LAUDERDALE, FL 33309

FEI Number: 20-2144167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARK, SANDERS M  
918 SW 9TH STREET CIR.  
#203  
BOCA RATON, FL 33486 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PARK, SANDERS M  
Address: 918 SW 9TH STREET CIR. #203  
City-St-Zip: BOCA RATON, FL 33486 US

Title: MGRM ( ) Delete  
Name: RIGGIO, JAMES C  
Address: 3118 FLORIDA BLVD. APT 106  
City-St-Zip: DELRAY BEACH, FL 33483 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES C RIGGIO

MGRM

03/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date