

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000003190**

1. Entity Name

ASPEN MORTGAGE GROUP LLC



Principal Place of Business

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

Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



04252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-2144167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PARK, SANDERS M
STREET ADDRESS	918 SW 9TH STREET CIR. #203
CITY- ST- ZIP	BOCA RATON, FL 33486
TITLE	MGRM
NAME	RIGGIO, JAMES C
STREET ADDRESS	3118 FLORIDA BLVD. APT 106
CITY- ST- ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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05/14/07-80016-001 50.00

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Sanders Park

4/24/07 954.272.8250