
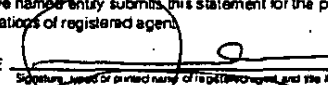
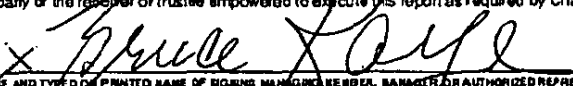


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/2

FILED
Mar 06, 2008 8:00 am
Secretary of State

01-28-2008 90069 032 ***138.75

DOCUMENT # L07000031463					
1. Entity Name ASPEN RESIDENCE, LLC					
Principal Place of Business 11111 BISCAYNE BOULEVARD #1657 NORTH MIAMI, FL 33181 US			Mailing Address CHANGE 11111 BISCAYNE BOULEVARD #1657 NORTH MIAMI, FL 33181 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FBI Number 20-870 6892	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHANGE NELSON, BARRY A ESQ. 2775 SUNNY ISLES BOULEVARD SUITE 118 NORTH MIAMI BEACH, FL 33160			7. Name and Address of New Registered Agent NORMAN LEVINE, JR. 901 N.E. 125 ST #107 N. MIAMI, FL 33161		
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.			9. Name NORMAN LEVINE		
SIGNATURE 			Street Address (P.O. Box Number is Not Acceptable) 901 N.E. 125 ST. #107		
(NOTE: Registered Agent signature required when renouncing)			City N. MIAMI FL Zip Code 33161		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAYE, BRUCE 11111 BISCAYNE BOULEVARD #1657 NORTH MIAMI, FL 33181	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 registered or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date 1/25/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE			Date		



ATTACHMENT

30001378

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2008

ASPEN RESIDENCE, LLC
11111 BISCAYNE BOULEVARD #1657
NORTH MIAMI, FL 33181 US

Subject: ASPEN RESIDENCE, LLC

Reference Number: L07000031463

3/3/08
SORRY, FOR THE DELAY.
KINDLY NOTE ADDRESS
CHANGES!
SEE YOU NEXT YEAR -
THANK YOU!

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$138.75; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/ms

ANNUAL REPORTS SECTION