


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90121 023 ****50.00

14019478



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|---|--|---|
| DOCUMENT # M00000001430 | |  |
| 1. Entity Name ASPEN CORAL CLUB, LLC | | |

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| Principal Place of Business 3441 CLARK RD SARASOTA, FL 34231 | Mailing Address 3441 CLARK RD P.O. BOX 60195 SARASOTA, FL 34231 |
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|--------------------------------|--------------------------------------|
| 2. Principal Place of Business | 3. Mailing Address P.O. Box 60195 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|------------------------------------|------------------------------------|
| City & State Fort Myers Florida | City & State Fort Myers Florida |
| Zip 33906 | Zip 33906 |
| Country | Country |

07202005 Chg-LLC CR2E083 (10/03)

| | |
|---------------------------------|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
|---------------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

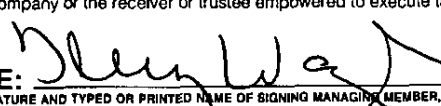
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| 6. Name and Address of Current Registered Agent | |
| PCMG 6238 PRESIDENTIAL CT., STE 1 FORT MYERS, FL 33919 | |

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|--|----------------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 7680 Cambridge Manor, Suite 101 | |
| City Fort Myers | FL Zip Code 33907 |

| | | |
|---|---------------|---------|
| 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  | Terry Wayland | 7-20-05 |
| DATE | | |

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| Filing Fee is \$50.00 Due by September 7, 2005 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ASPEN COURT ASSOCIATES LIMITED PARTNERSHIP 13337 PROVENCE DR PALM BEACH GARDENS, FL 33410 <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 |
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| 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 |

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|---|---------------|----------------------|
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  | Terry Wayland | 7-20-05 239-275-8320 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | |
| Date | | Daytime Phone # |