


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90119 050 ****50.00

DOCUMENT # M00000002548 1. Entity Name ASPEN WILLOWWOOD, LLC	
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Principal Place of Business 252 CLAYTON STREET, 4TH FLOOR DENVER, CO 80206	Mailing Address 252 CLAYTON STREET, 4TH FLOOR DENVER, CO 80206
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DO NOT WRITE IN THIS SPACE

02032005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 84-1568329	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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**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.

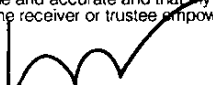
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JACOBS, ROBERT J 252 CLAYTON STREET, 4TH FLOOR DENVER, CO 80206
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BROE, PAT 252 CLAYTON STREET, 4TH FLOOR DENVER, CO 80206
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:  Robert J. Jacobs, Manager March , 2005 303-393-0033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #