## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # M00000002548**

1. Entity Name ASPEN WILLOWWOOD, LLC



**FILED** May 01, 2006 08:00 AM Secretary of State

Principal Place of Business

252 CLAYTON STREET, 4TH FLOOR DENVER, CO 80206

Mailing Address

25Z CLAYTON STREET, 4TH FLOOR **DENVER, CO 80206** 



DO NOT WRITE IN THIS SPACE

04242006 No Chg-LLC CR2E083 (11/05) Applied For 4. FEI Number 84-1568329 Not Applicat

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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 acces |
|----|--|---------------------|-----------|
|    | the obligations of registered agent.   |                     |           |

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

6. Name and Address of Current Registered Agent

(NOTE, Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

| 9.  | MANAGING MEMBERS/MANAGERS  |   |
|---|--|---|
| TITLE NAME STREET AUDRESS CITY-ST-ZIP TRILE NAME STREET AUDRESS GITY-ST-ZIP | MGR JACOBS, ROBERT J 252 CLAYTON STREET, 4TH FLOOR DENVER, CO 80206 MGR BROE, PAT 252 CLAYTON STREET, 4TH FLOOR DENVER, CO 80206 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              |  |   |
| TITLE<br>NAME<br>STREET ADURESS<br>CXYY-ST-ZIP                              |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZIP                               |  |   |
| TITLE NAME STREET AUDITESS CITY-SI-ZIP                                      |  | ÷ |

U00000548998 05/13/06-80003-003 50.00

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I turther 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: