2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000002343

1. Entity Name

ASPEN BELLA VITA, 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

252 CLAYTON STREET, 4TH FLOOR

DENVER, CO 80206



DO NOT WRITE IN THIS SPACE

04242006 No Cho-LLC

CR2E083 (11/05)

4. FEI Number 84-1493141 Applied For Not Applicat

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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 the obligat	a named entity submits this statement for the purpose of chan tions of registered agent.	ging its registered office or registered agent, or	both, in the State of Florida. I am familiar with, and acce
SIGNATURE.			
	Signature, typeo or printed name of registered agent and fille it applicable	(NOTE (Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STPEET ADDRESS CITY-ST-ZIP	MGR BROE, PAT 252 CLAYTON STREET, 4TH FLOOR DENVER, CO 80206	-	U00000549005 05/13/06-80003-007 50. 00
TITLE NAME SIREEI ADDRESS CITY-ST-ZIP	MGR JACOBS, ROBERT 252 CLAYTON STREET, 4TH FLOOR DENVER, CO 80205	 -	
SITLE MAME SIREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE
TITLE NAME STREET ADDRESS CTTY-ST-ZIP		IN	THIS SPACE
TITLE			

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 hability company or the receiver or trustes empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-2%

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

Daybore Phone #