

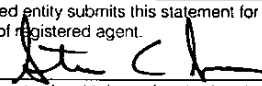
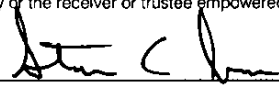


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # M05000004272 1. Entity Name ASPEN CAPITAL ADVISORS, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 APR -7 AM 9:29	
Principal Place of Business 711 5TH AVE. SOUTH SUITE 212 NAPLES, FL 34102				Mailing Address 711 5TH AVE. SOUTH SUITE 212 NAPLES, FL 34102			
2. Principal Place of Business 1740 Persimmon Dr. Suite, Apt. #, etc. Suite 100 City & State Naples, FL Zip 34109		3. Mailing Address 1740 Persimmon Dr. Suite, Apt. #, etc. Suite 100 City & State Naples, FL Zip 34109				01122006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 043810486 NOT APPLICABLE		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SAVAGE, JAMISON 711 5TH AVE. SOUTH SUITE 212 NAPLES, FL 34102				7. Name and Address of New Registered Agent Name Jones, Steven C. Street Address (P.O. Box Number is Not Acceptable) 1740 Persimmon Drive Suite 100 City Naples FL Zip Code 34109			
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 1/12/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$50.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE MGR NAME SAVAGE, JAMISON STREET ADDRESS 711 5TH AVE. SOUTH SUITE 212 CITY-ST-ZIP NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete			TITLE MGR NAME Jones, Steven C. STREET ADDRESS 1740 Persimmon Drive, Suite 100 CITY-ST-ZIP Naples, FL 34109	<input type="checkbox"/> Change <input checked="" 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		
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE 1/12/06 (239) 325-2000 <small>Daytime Phone #</small>			