

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # M98000001182

1. Entity Name
ASPEN COVE APARTMENTS, LLC



Principal Place of Business Mailing Address
245 SAW MILL RIVER ROAD 245 SAW MILL RIVER ROAD
HAWTHORNE, NY 10532 HAWTHORNE, NY 10532

DO NOT WRITE IN THIS SPACE



01102005No Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4022198 Applied For
Not Applicable

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 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	MGR
NAME	GINSBURG, SAMUEL
STREET ADDRESS	70 LAW ROAD
CITY - ST - ZIP	BRIARCLIFF MANOR, NY 10510
TITLE	MGR
NAME	GINSBURG, MARTIN
STREET ADDRESS	45 OLIPHANT AVENUE
CITY - ST - ZIP	DOBBS FERRY, NY 10522
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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: Christine McWalter Christine McWalter CFO 1/18/05

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

Date

Daytime Phone #