2005 LIMITED LIABILITY COMPANY

Mar 29, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # M99000000402** 03-29-2005 90120 029 ****50.00 ASPÉN WYNDHAM LAKES, LLC Principal Place of Business Mailing Address 20025158 252 CLAYTON STREET, 4TH FLOOR 252 CLAYTON STREET, 4TH FLOOR **DENVER, CO 80206 DENVER, CO 80206** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 84-1493625 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code City - Sambe of FL 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) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ☐ Change ☐ Addition TITLE Delete TITLE NAME JACOBS, ROBERT J NAME STREET ADDRESS STREET ADDRESS 252 CLAYTON STREET, 4TH FLOOR CITY-ST-ZIP **DENVER, CO 80206** CITY-ST-ZIP MGR TITLE ☐ Detete TITLE ☐ Change Addition BROE, PATRICK D NAME NAME 252 CLAYTON STREET, 4TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DENVER, CO 80206** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE

11. Thereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: V V SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Robert J. Jacobs, Manager

NAME STREET ADDRESS

CITY-ST-ZIP

2005 303-393-0033 March

Daytime Phone #

FILED