

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M990000001115

FILED
Mar 03, 2004
Secretary of State

Entity Name: ASPEN RETIREMENT MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

252 CLAYTON STREET, 4TH FLOOR
DENVER, CO 80206

New Principal Place of Business:

Current Mailing Address:

252 CLAYTON STREET, 4TH FLOOR
DENVER, CO 80206

New Mailing Address:

FEI Number: 84-1338937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: JACOBS, ROBERT
Address: 252 CLAYTON STREET, 4TH FLOOR
City-St-Zip: DENVER, CO 80206

Title: MGR () Delete
Name: MORLEY, DAVID C
Address: 252 CLAYTON STREET, 4TH FLOOR
City-St-Zip: DENVER, CO 80206

Title: MGR () Delete
Name: MESSAMORE, KEN
Address: 252 CLAYTON STREET, 4TH FLOOR
City-St-Zip: DENVER, CO 80206

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT JACOBS

MGR

03/03/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date