

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M99000001115

1. Entity Name
ASPEN RETIREMENT MANAGEMENT COMPANY, LLC



Principal Place of Business
**252 CLAYTON STREET, 4TH FLOOR
DENVER, CO 80206**

Mailing Address
**252 CLAYTON STREET, 4TH FLOOR
DENVER, CO 80206**



04242006 No Chg-LLC

CRZE083 (11/05)

4. FEI Number
84-1338937

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JACOBS, ROBERT
STREET ADDRESS	252 CLAYTON STREET, 4TH FLOOR
CITY- ST- ZIP	DENVER, CO 80206
TITLE	MGR
NAME	MORLEY, DAVID C
STREET ADDRESS	252 CLAYTON STREET, 4TH FLOOR
CITY- ST- ZIP	DENVER, CO 80206
TITLE	MGR
NAME	MESSAMORE, KEN
STREET ADDRESS	252 CLAYTON STREET, 4TH FLOOR
CITY- ST- ZIP	DENVER, CO 80206
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000549000
05/13/06-80003-004 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

4/25/06

Date

Daytime Phone #