# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**
**Mar 16, 2007 8:00 am**
**Secretary of State**
02-01-2007 90048 047 ****50.00

DOCUMENT # L06000033834

1. Entity Name

1409 ALPINE RD, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| % GREGORY SCHWARTZ<br>2139 NE COACHMAM RD<br>CLEARWATER FL 33765 | % GREGORY SCHWARTZ<br>2139 NE COACHMAM RD<br>CLEARWATER FL 33765 |

1st MOORE CR2E083 (10/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 56-2575067 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| FELDER, ULYSSES ESQ.<br>3600 GRAND AVE., SUITE 104<br>MIAMI FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ DATE

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**Due By May 1, 2007**

| 9. MANAGING MEMBERS / MANAGERS | 10. ADDITIONS / CHANGES |
|---|---|
| TITLE P<br>NAME Gregory E Schwartz<br>STREET ADDRESS 2139 NE Coachman Rd<br>CITY-ST-ZIP Clearwater, Fl 33759 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE P<br>NAME Ulysses Felder<br>STREET ADDRESS 3600 Grand Ave - Ste 104<br>CITY-ST-ZIP Miami, Fl 33131 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP ☐ Change ☐ Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Gregory E Schwartz Gregory E Schwartz 1-24-07 (727)-442-7075

SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #