

5/13

**FILED**  
**Jul 25, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90256 020 \*\*\*\*50.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012107

1. Entity Name

ALPINE, LLC

Principal Place of Business

11390 TWELVE OAKS WAY, SUITE 520  
NORTH PALM BEACH FL 33408

Mailing Address

11390 TWELVE OAKS WAY, SUITE 520  
NORTH PALM BEACH FL 33408

39708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

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

POWELL, KAREN M  
 11390 TWELVE OAKS WAY, SUITE 520  
 NORTH PALM BEACH FL 33408

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME Powell, Karen M MGRY ☐ Delete  
 STREET ADDRESS 11390 12 Oaks Way #520  
 CITY-ST-ZIP N. Palm Beach, FL 33408

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Delete  
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TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Karen M Powell*  
 Karen M Powell 4/30/02

861-775-  
 5313

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

Date

Daytime Phone #

CR2E083 (9/01)



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

Attachment  
39708

May 22, 2002

ALPINE, LLC  
11390 TWELVE OAKS WAY, SUITE 520  
NORTH PALM BEACH, FL 33408

Subject: ALPINE, LLC

Reference Number: L01000012107

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040. *THIS IS A LIMITED LIABILITY CORPORATION AND DOES NOT REQUIRE AN FEIN. MY SOCIAL SECURITY NUMBER IS 374-44-0709.*  
Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/jn  
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314