


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L01000012107 1. Entity Name ALPINE, LLC |  |
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| 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 |
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02042004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
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|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent POWELL, KAREN M 11390 TWELVE OAKS WAY, SUITE 520 NORTH PALM BEACH, FL 33408 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000144788
04/30/04-80145-003 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR POWELL, KAREN M 11390 12 OAKS WAY #520 NORTH PALM BEACH, FL 33408 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WOODS, RONALD J 11390 TWELVE OAKS WAY #520 NORTH PALM BEACH, FL 33408 |
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11. I hereby certify that the information supplied with this filing 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.

SIGNATURE:  **4/29/04 561-7755813**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #