2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# L01000012107

Entity Name: ALPINE, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 37-4640709 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Title: MGR ( ) Delete
Name: POWELL, KAREN M
Address: 11390 12 OAKS WAY #520
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM ( ) Delete
Name: WOODS, RONALD J
Address: 11390 TWELVE OAKS WAY #520
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: POWELL, KAREN M
Address: 11390 TWELVE OAKS WAY #520
City-St-Zip: NORTH PALM BEACH, FL 33408

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KAREN M POWELL MGR 02/05/2008

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