


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90497 033 \*\*\*\*\*55.00

<b>DOCUMENT # L03000005591</b> 1. Entity Name <b>ALPINE FINANCING, LLC</b>																					
Principal Place of Business <b>5728 MAJOR BLVD SUITE 256 ORLANDO, FL 32819</b>			Mailing Address <b>5728 MAJOR BLVD SUITE 256 ORLANDO, FL 32819</b>																		
2. Principal Place of Business <div style="text-align: center; font-size: 1.5em;">N/A</div>		3. Mailing Address <div style="text-align: center; font-size: 1.5em;">N/A</div>																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																			
City & State		City & State																			
Zip		Country		Zip																	
Country		Country		Country																	
6. Name and Address of Current Registered Agent  <b>BRYANT, CLAUDINE A 320 HAWTHORNE HILLS PLACE, #201 ORLANDO, FL 32835</b>				7. Name and Address of New Registered Agent Name <b>CHAUDINE A. BRYANT</b> Street Address (P.O. Box Number is Not Acceptable) <b>2003 Country Brook Ave</b> City <b>CLERMONT</b> <b>FL</b> Zip Code <b>34711</b>																	
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 <u><i>Claudine A. Bryant, President</i></u> DATE <u>3-15-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 70%; padding: 2px;"> <input type="checkbox"/> Delete             </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 70%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 70%; padding: 2px;"> <input type="checkbox"/> Delete             </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 70%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition             </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 70%; padding: 2px;"> <input type="checkbox"/> Delete             </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 70%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition             </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 70%; padding: 2px;"> <input type="checkbox"/> Delete             </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 70%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition             </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 70%; padding: 2px;"> <input type="checkbox"/> Delete             </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 70%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition             </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME																					
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)(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:** *Claudine A. Bryant* **CLAUDINE BRYANT** 3-15-04 (407) 370-5088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #