# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 29, 2005**
**Secretary of State**

DOCUMENT# L04000060070

**Entity Name:** ALPINE GROUP, LLC

**Current Principal Place of Business:**

2340 WINDCHIME DRIVE
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

2340 WINDCHIME DRIVE
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number: 20-1565607** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALSON, WILLIAM B
2340 WINDCHIME DR
JACKSONVILLE, FL 32224 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/MEMBERS:**

| | | |
|---|---|---|
| Title: | MGRM | (X) Delete |
| Name: | VANDEUSEN, KIRK R | |
| Address: | 1941 LYNDHURST DR | |
| City-St-Zip: | ST. AUGUSTINE, FL 32092 | |
| Title: | MGRM | ( ) Delete |
| Name: | DONNELLAN, JOHN C JR. | |
| Address: | 8053 LAUREL TREE DRIVE | |
| City-St-Zip: | ORLANDO, FL 32819 | |
| Title: | MGRM | ( ) Delete |
| Name: | DRAGONETTI, JOHN V | |
| Address: | 8086 DICKIE DR. | |
| City-St-Zip: | JACKSONVILLE, FL 32216 | |
| Title: | MGRM | (X) Delete |
| Name: | DRAGONETTI, TONY J | |
| Address: | 13070 S TALL TREE DR | |
| City-St-Zip: | JACKSONVILLE, FL 32246 | |
| Title: | MGR | ( ) Delete |
| Name: | ALSON, WILLIAM B | |
| Address: | 2340 WINDCHIME DR | |
| City-St-Zip: | JACKSONVILLE, FL 32224 | |

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM ALSON MGRM 01/29/2005

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