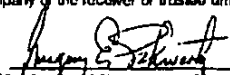


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State

02-01-2007 90048 047 ****50.00

DOCUMENT # L06000033834					
1. Entity Name 1409 ALPINE RD, LLC					
Principal Place of Business % GREGORY SCHWARTZ 2139 NE COACHMAN RD CLEARWATER FL 33765			Mailing Address % GREGORY SCHWARTZ 2139 NE COACHMAN RD CLEARWATER FL 33765		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 56-2575067	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FELDER, ULYSSES ESQ. 3600 GRAND AVE., SUITE 104 MIAMI FL 33131			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and state if applicable) (NOTE: Agent must be a natural person who is not a minor or an individual)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
NAME STREET ADDRESS CITY ST ZIP	P ☐ Delete	NAME STREET ADDRESS CITY ST ZIP	☐ Change	☐ Addition	
Gregory E Schwartz 2139 NE Coachman Rd Clearwater, Fl 33759	☐ Delete		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY ST ZIP	P ☐ Delete	NAME STREET ADDRESS CITY ST ZIP	☐ Change	☐ Addition	
Ulysses Felder 3600 Grand Ave - Ste 104 Miami, Fl 33131	☐ Delete		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY ST ZIP	☐ Delete	NAME STREET ADDRESS CITY ST ZIP	☐ Change	☐ Addition	
	☐ Delete		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY ST ZIP	☐ Delete	NAME STREET ADDRESS CITY ST ZIP	☐ Change	☐ Addition	
	☐ Delete		☐ Change	☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 of the recover or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		Gregory E Schwartz		1-24-07 (727)-442-7075	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	