

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000056706

**FILED**  
**Feb 24, 2007**  
**Secretary of State**

**Entity Name:** ALENE TOPEL REVOCABLE LIVING TRUST, LLC

**Current Principal Place of Business:**

236 PONCE DE LEON ST.  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

236 PONCE DE LEON ST.  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

**FEI Number:** 20-5055504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOPEL, ALENE  
236 PONCE DE LEON ST.  
ROYAL PALM BEACH, FL 33411 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: TOPEL, ALENE  
Address: 236 PONCE DE LEN ST.  
City-St-Zip: ROYAL PALM BEACH, FL 33411

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ALENE TOPEL REVOCABL, E LIVING TRUST  
Address: 236 PONCE DE LEN ST.  
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the 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:** ALENE TOPEL TRUSTEE

MS.

02/24/2007

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