

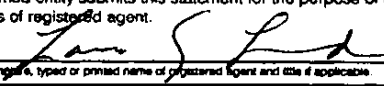


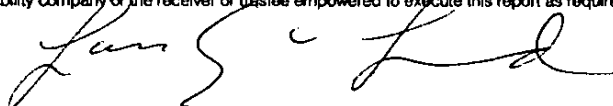
# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 10, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90114 015 \*\*\*\*50.00

<b>DOCUMENT # L06000103397</b> 1. Entity Name <b>ALPINE HOME MAINTENANCE, LLC</b>					
Principal Place of Business <b>12706 LAMBRO PLACE TAMPA, FL 33624</b>			Mailing Address <b>12706 LAMBRO PLACE TAMPA, FL 33624</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		<div style="font-size: 24pt; transform: rotate(-15deg);">30012190</div> 	
4. FEI Number <div style="font-size: 18pt;">51-0612263</div>				Applied For <input type="checkbox"/> Not Applicab	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				07032007    Chg-LLC    CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>LUND, LARS E 12706 LAMBRO PLACE TAMPA, FL 33624</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>07/01/07</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>		
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-family: cursive;">MGRM LARS LUND 12706 LAMBRO PLACE TAMPA FL 33624</div> <input type="checkbox"/> Change <input type="checkbox"/> Additi		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-family: cursive;">MGRM DORISE FERNANDES-SOARES 12706 LAMBRO PLACE TAMPA FL 33624</div> <input type="checkbox"/> Change <input type="checkbox"/> Additi		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additi		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

      08/04/07