

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 27, 2008 8:00 am**  
**Secretary of State**

06-27-2008 90118 001 \*\*\*538.75  
06-27-2008 90118 002 \*\*\*\*\*5.00

**DOCUMENT # L07000088733**

1. Entity Name  
**ALPINE ATLANTIC CAPITAL MANAGEMENT, LLC**



Principal Place of Business  
**260 CRANDON BLVD  
STE 156  
KEY BISCAYNE, FL 33149**

Mailing Address  
**260 CRANDON BLVD  
STE 156  
KEY BISCAYNE, FL 33149**

**30010012**



2. Principal Place of Business - No P.O. Box #

**340 PALMWOOD LANE**

3. Mailing Address

**340 PALMWOOD LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06172008 Chg-LLC CR2E083 (12/06)

City & State

**Key Biscayne, FL**

City & State

**Key Biscayne, FL**

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip **33149** Country **USA**

Zip **33149** Country **USA**

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD  
STE 1600(LAD)  
MIAMI, FL 33131**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**member  
CHRISTOPHER J. BERRY  
2909 JUNIPER HILL ROAD  
ASPEN, CO 81611**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**member  
MARCO A. GOMEZ  
340 PALMWOOD LANE  
KEY BISCAYNE, FL 33149**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**MARCO A. GOMEZ**

**6/24/08 305-799-9136**

Daytime Phone #