2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
2005 APR 21 PM 2: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001617

1. Entity Name
THE ALCHEMIST'S TOUCH, LLLP

Principal Place of Business
1160 WEEPING WILLOW WAY
HOLLYWOOD, FL 33019 US

Mailing Address
1160 WEEPING WILLOW WAY
HOLLYWOOD, FL 33019 US

03182005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-2666496 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANUS, MICHAELENE PH.D.
1160 WEEPING WILLOW WAY
HOLLYWOOD, FL 33019

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. $2,500.00

10. Amount of Capital Contributions in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	MANUS, MICHAELENE PH.D. 1160 WEEPING WILLOW WAY HOLLYWOOD, FL 33019	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	UDELL, BARBARA A PH.D. 601 NORTH VENETIAN DRIVE, SUITE 702 MIAMI, FL 33139	STREET ADDRESS / CITY-ST-ZIP	U00000294986 04/09/05--90010--006 **141.25
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: X Michaelene Manus 4-4-05 (305) 935-710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

X132