2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000001617

1. Entity Name

THE ALCHEMIST'S TOUCH, LLLP

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

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

1st MOORE CR2E003 (10/05)

4. FEI Number 20-2666496 — Applied For / Not Applicable

5. Certificate of Status Desired X — $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

FILE NOW!!! Fee is $500. * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	
NAME	MANUS, MICHAELENE PH.D.		
STREET ADDRESS	1160 WEEPING WILLOW WAY	CITY-ST-ZIP	U00000477782 04/07/06--00002--005 508.75
CITY-ST-ZIP	HOLLYWOOD FL 33019		
DOCUMENT #		STREET ADDRESS	
NAME	MANUS, GABRIELLE		
STREET ADDRESS	8641 MARLAMOOR LANE	CITY-ST-ZIP	
CITY-ST-ZIP	WEST PALM BEACH FL 33142		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Michaelene Man 3-13-06 305-935-71