


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

DOCUMENT # A04000001617		
1. Entity Name THE ALCHEMIST'S TOUCH, LLLP		

FILED

07 FEB 28 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 1160 WEEPING WILLOW WAY HOLLYWOOD, FL 33019 US	Mailing Address 1160 WEEPING WILLOW WAY HOLLYWOOD, FL 33019 US
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2. Principal Place of Business - No P.O. Box # 8641 Marlamoore Ln Suite, Apt. #, etc.	3. Mailing Address 8641 Marlamoore Lane Suite, Apt. #, etc.
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01122007 Chg-LP CR2E003 (12/06)

City & State W. Palm Beach, FL	City & State W. Palm Beach, FL
Zip 33412	Zip 33412
Country US	Country US

4. FEI Number 20-2666496	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MANUS, MICHAELNE PH.D. 1160 WEEPING WILLOW WAY HOLLYWOOD, FL 33019	7. Name and Address of New Registered Agent Name <del>Manus, Michaelene Ph.D.</del> Manus, Michaelene Ph.D. Street Address (P.O. Box Number is Not Acceptable) 8641 Marlamoore Lane City W. Palm Beach, FL Zip Code 33412
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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 Michaelene Manus Michaelene Manus 2-19-07  
Signature, typed or printed name of registered agent and date if applicable. DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 #	MANUS, MICHAELNE PH.D.	STREET ADDRESS	8641 Marlamoore Lane
NAME	1160 WEEPING WILLOW WAY	CITY-ST-ZIP	W. Palm Beach, FL 33412
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	MANUS, GABRIELLE	STREET ADDRESS	
NAME	8641 MARLAMOORE LANE	CITY-ST-ZIP	
STREET ADDRESS	WEST PALM BEACH, FL 33142		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	200090086552
NAME		CITY-ST-ZIP	03/02/07--01049--019 **500.00
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 Manus Michaelene Manus 2-19-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

561-775-3813

STAPLE CHECK HERE