2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005
Secretary of State

DOCUMENT# L02000025887

Entity Name: ALLCHEM I, L.L.C.

Current Principal Place of Business:

6010 NORTHWEST FIRST PLACE
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

6010 NORTHWEST FIRST PLACE
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 72-1536275 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OLCESE, ALEX
6010 NORTHWEST FIRST PLACE
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: OLCESE, ALEX
Address: 6010 NW 1ST PL
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR ( ) Delete
Name: KLEIN, DANIEL
Address: 6010 NW 1ST PL
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR ( ) Delete
Name: FELDSTEIN, JOSH
Address: 6010 NW 1ST PL
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: MCCOWN, BRIAN
Address: 6010 NW 1ST PL
City-St-Zip: GAINESVILLE, FL 32607

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALEX OLCESE MGR 03/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date