

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025887

FILED  
Feb 01, 2007  
Secretary of State

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 ( )

**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/MANAGERS:**

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

Title: MGR ( ) Delete  
Name: MCCOWN, BRIAN  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Chapter 119, 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

02/01/2007

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