

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000039677

1. Entity Name
ALCHEMOST PROPERTIES, LLC



Principal Place of Business
**1602 THIRD AVE.
TAMPA, FL 33605**

Mailing Address
**1602 THIRD AVE.
TAMPA, FL 33605**



01132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0308439

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GROSS, ROCHELLE E
1602 THIRD AVE.
TAMPA, FL 33605**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and the filer (if applicable)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

SPIN X259 70

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GROSS, HUGH
STREET ADDRESS	1602 E. 3RD AVE.
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	MGRM
NAME	GROSS, MICHAEL
STREET ADDRESS	1602 E. 3RD AVE.
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	MGRM
NAME	GROSS, ROCHELLE
STREET ADDRESS	1602 E 3RD AVE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE:

Rochelle Gross

Rochelle Gross

2-9-06

813-241-9213