



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90135 019 ***138.75

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		01092008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-0308439				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent GROSS, ROCHELL E 1602 THIRD AVE. TAMPA, FL 33605	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	
	MGRM	GROSS, HUGH	1602 E. 3RD AVE.		
			TAMPA, FL 33605		
	MGRM	GROSS, MICHAEL	1602 E. 3RD AVE.	Delete <input type="checkbox"/>	
			TAMPA, FL 33605		
	MGRM	GROSS, ROCHELLE	1602 E 3RD AVE	Delete <input type="checkbox"/>	
			TAMPA, FL 33605		
				Delete <input type="checkbox"/>	
				Delete <input type="checkbox"/>	
				Delete <input type="checkbox"/>	
10. ADDITIONS / CHANGES					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
				Change <input type="checkbox"/>	Addition <input type="checkbox"/>
				Change <input type="checkbox"/>	Addition <input type="checkbox"/>
				Change <input type="checkbox"/>	Addition <input type="checkbox"/>
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 608, Florida Statutes.					
SIGNATURE: <u>Rochelle Gross</u> <u>2.7.08</u> <u>813.241.9213</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					