

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086296

Entity Name: ADVANCED SEMICON, LLC

FILED
Jul 06, 2007
Secretary of State

Current Principal Place of Business:

4500 140 TH AVE. N. SUITE 115
CLEARWATER, FL 33762

New Principal Place of Business:

4707 140TH AVE N
SUITE 203
CLEARWATER, FL 33762

Current Mailing Address:

PO BOX 17403
CLEARWATER, FL 33762

New Mailing Address:

PO BOX 17534
CLEARWATER, FL 33762

FEI Number: 20-1936668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALCHEMY INVESTMENTS, LLC
4500 140 TH AVE. N. SUITE 115
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

ALCHEMY INVESTMENTS, LLC
4707 140TH AVE N.
SUITE 203
CLEARWATER, FL 33762 US

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: ALCHEMY INVESTMENTS, LLC

07/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALCHEMY INVESTMENTS,, LLC
Address: 4500 140 TH AVE. N. SUITE 115
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALCHEMY INVESTMENTS,, LLC
Address: PO BOX 17403
City-St-Zip: CLEARWATER, FL 33762

I hereby certify that the information supplied with this filing does not qualify 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: ALCHEMY INVESTMENTS, LLC

MGR

07/06/2007

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