

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097333

Entity Name: DUPONT ALLIANCE LLC

FILED  
May 16, 2008  
Secretary of State

## Current Principal Place of Business:

28050 US HWY 19 NORTH  
SUITE 400  
CLEARWATER, FL 33761

## New Principal Place of Business:

## Current Mailing Address:

28050 US HWY 19 NORTH  
SUITE 400  
CLEARWATER, FL 33761

## New Mailing Address:

FEI Number: 20-5964898      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:

## Name and Address of New Registered Agent:

KOUTSOUBOS, JAMES  
28050 US HWY 19 NORTH, SUITE 400  
CLEARWATER, FL 33761      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CONDO, JOHN  
Address: 28050 US HWY 19 NORTH, SUITE 400  
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM ( ) Delete  
Name: KOUTSOUBOS, GIA  
Address: 28050 US HWY 19 NORTH, SUITE 400  
City-St-Zip: CLEARWATER, FL 33761

Title: MGR ( ) Delete  
Name: KOUTSOUBOS, IOANNIS  
Address: 28050 US HWY 19 NORTH, SUITE 400  
City-St-Zip: CLEARWATER, FL 33761

Title: MGR ( ) Delete  
Name: KOUTSOUBOS, JAMES  
Address: 28050 US HWY 19 NORTH, SUITE 400  
City-St-Zip: CLEARWATER, FL 33761

Title: MGR ( ) Delete  
Name: GEORGIADIS, DR. ERIC  
Address: 28050 US HWY 19 NORTH, SUITE 400  
City-St-Zip: CLEARWATER, FL 33761

Title: MGR ( ) Delete  
Name: VERDI, JOSEPH  
Address: 28050 US HWY 19 NORTH, SUITE 400  
City-St-Zip: CLEARWATER, FL 33761

## 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:

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 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: JOHN CONDO

MGRM

05/16/2008

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