

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053189

FILED
May 16, 2008
Secretary of State

Entity Name: DUPONT ALLIANCE PROPERTIES LLC

Current Principal Place of Business:

28050 US HWY 19 NORTH
STE 400
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

28050 US HWY 19 NORTH
STE 400
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

DUPONT ALLIANCE LLC
28050 US HWY 19 NORTH
STE 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: MGR () Delete
Name: CONDO, JOHN
Address: 28050 US HWY 19 NORTH, # 400
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGR () Delete
Name: GEORGIADIS, EVRIPIDIS
Address: 28050 US HWY 19 NORTH, #400
City-St-Zip: CLEARWATER, FL 33761 US

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

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

Title: MGRM () Delete
Name: DUPONT ALLIANCE LLC,
Address: 28050 US HWY 19 NORTH, #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:

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

MGR

05/16/2008

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