

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000109138

Entity Name: ALPHAGEN ADVISORS LLC

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1180 SPRING CENTER SOUTH BLVD  
SUITE 340  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

121 S ORANGE AVE  
SUITE 940  
ORLANDO, FL 32801

**Current Mailing Address:**

1180 SPRING CENTER SOUTH BLVD  
SUITE 340  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

121 S ORANGE AVE  
SUITE 940  
ORLANDO, FL 32801

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THE ALPHAGEN COMPANIES LLC  
1180 SPRING CENTER SOUTH BLVD  
SUITE 340  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

THE ALPHAGEN COMPANIES LLC  
121 S ORANGE AVE  
SUITE 940  
ORANGE, FL 32801 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: NATHANIEL MATHES

02/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: THE ALPHAGEN COMPANIES LLC  
Address: 1180 SPRING CENTER SOUTH BLVD SUITE 340  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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: NATHANIEL MATHES

CFI

02/16/2010

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