


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000000448	
1. Entity Name AG PERFAME FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 8448 LITTLE LEAF CT. ORLANDO, FL 32835	Mailing Address 8448 LITTLE LEAF CT. ORLANDO, FL 32835
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01292005 Chg-LP CR2E003 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
PERDOMO, ALEX C 8448 LITTLE LEAF CT. ORLANDO, FL 32835	

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.</small>	DATE _____
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9. Capital Contributions as Shown on record. \$340,000.00	10. Amount of Capital Contributions in FLORIDA to date
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	PERDOMO, ALEX C	CITY-ST-ZIP	
STREET ADDRESS	8448 LITTLE LEAF CT.		
CITY-ST-ZIP	ORLANDO, FL 32835		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	GEORGINA CHAN PERDOMO	CITY-ST-ZIP	
STREET ADDRESS	8448 LITTLE LEAF CT.		
CITY-ST-ZIP	ORLANDO, FL 32835		
DOCUMENT #	NAME	STREET ADDRESS	
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04/09/05-80001-003 535.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: <u>GEORGINA CHAN PERDOMO</u>	Date <u>3/31/05</u>	Daytime Phone # <u>407-296-8446</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		

STAPLE CHECK HERE