2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000000448

Name:

Address: City-St-Zip: GEORGINA CHAN PERDOMO 8448 LITTLE LEAF CT.

ORLANDO, FL 32835

Entity Name: AG PERFAME FAMILY LIMITED PARTNERSHIP

FILED Mar 30, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|---|---|--------------------------------|--------------------------------------|---------------------------------------|--|
| | E LEAF CT. , FL 32835 | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | E LEAF CT. , FL 32835 | | | | |
| FEI Number: | 05-3445921 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of (| Current Registered Agent: | Name and Address of | New Registered Agent: | |
| |), ALEX C E LEAF CT. , FL 32835 | US | | | |
| The above in the State | | submits this statement for the | e purpose of changing its registered | I office or registered agent, or both | |
| SIGNATUF | RE: | | | | |
| | Electro | nic Signature of Registered A | gent | Date | |
| GENERAL PARTNER INFORMATION: | | | ADDRESS CHANGES ONL | ADDRESS CHANGES ONLY: | |
| Document #: Name: Address: City-St-Zip: Document #: | PERDOMO, AL 8448 LITTLE L ORLANDO, FL | EAF CT. | Address: City-St-Zip: | | |

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: ALEX PERDOMO P 03/30/2009