2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B02000000418

Entity Name: INFLEXION FUND, L.P.

FILED Apr 14, 2010 Secretary of State

| Current Principal Place of Business: | | New Principal Place of | New Principal Place of Business: | |
|--|---------------------------------|----------------------------------|---|--|
| 12565 RESEARCH PKWY | | | | |
| SUITE 300 ORLANDO, FL 32826 | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 12565 RESEARCH PKWY SUITE 300 ORLANDO, FL 32826 | | | | |
| FEI Number: 01-0688723 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| CORPORATION SERVICE 1201 HAYS STREET TALLAHASSEE, FL 32301 | | | | |
| The above named entity su in the State of Florida. | bmits this statement for the pu | rpose of changing its registered | l office or registered agent, or both | |
| SIGNATURE: | | | | |
| Electronic | : Signature of Registered Ager | nt | Date | |
| GENERAL PARTNER INFORMA | TION: | ADDRESS CHANGES ONL | Y: | |
| Document #: M02000003391 | | | | |

Name: INFLEXION CAPITAL, LLC Address:

12565 RESEARCH PKWY Address: City-St-Zip: ORLANDO, FL 32826 City-St-Zip:

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

SIGNATURE: JAMES BOYLE MGR 04/14/2010