

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038707

FILED
Mar 23, 2009
Secretary of State

Entity Name: PANGS PARTNERSHIP LC

Current Principal Place of Business:

5126 WEST COLONIAL DRIVE
ORLANDO, FL 32808

New Principal Place of Business:

New Mailing Address:

5132 WEST COLONIAL DRIVE
ORLANDO, FL 32808

Current Mailing Address:

5060 WEST COLONIAL DRIVE
105
ORLANDO, FL 32808

FEI Number: 20-4691630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANG, WAI KUEN
5060 WEST COLONIAL DRIVE
105
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

PANG, WAI KUEN
5132 WEST COLONIAL DRIVE
ORLANDO, FL 32808 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: WAI KUEN PANG

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PANG, WAI KUEN
Address: 5060 WEST COLONIAL DRIVE, STE 105
City-St-Zip: ORLANDO, FL 32808

Title: MGRM () Delete
Name: MUI, WAI CHIU
Address: 5060 WEST COLONIAL DRIVE, STE 105
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PANG, WAI KUEN
Address: 5132 WEST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: MGRM (X) Change () Addition
Name: MUI, WAI CHIU
Address: 5132 WEST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32808

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: WAI KUEN PANG

MGRM

03/23/2009

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