

2001 UNIFORM BUSINESS REPORT (UBR)

000795 AF

DOCUMENT # A00000001203

1. Entity Name

PERADON CAPITAL FUND, LTD.

Principal Place of Business

125 SE MIZNER BLVD.
STE 14
BOCA RATON FL 33432

Mailing Address

125 SE MIZNER BLVD.
STE 14
BOCA RATON FL 33432

FILED
01 MAY -3 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7025 VERACASA WAY
Suite, Apt. #, etc.
205 A

7025 VERACASA WAY
Suite, Apt. #, etc.
205 A

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-1029157

Applied For

Not Applicable

Zip

33433

Country

PALESTINE

Zip

33433

Country

PALESTINE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONNAURO, FRANK C
225 NE MIZNER BLVD
STE 508
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name DONNAURO, FRANK C.

Street Address (P.O. Box Number is Not Acceptable)

7025 VERACASA WAY STE 205 A

City BOCA RATON

FL

Zip Code 33433

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$50,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$64,100

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # L00000007446
NAME PERADON CAPITAL FUND MANAGEMENT, LLC
STREET ADDRESS 225 NE MIZNER BLVD, STE 508
CITY-ST-ZIP BOCA RATON FL 33432

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13. ADDRESS CHANGES ONLY

STREET ADDRESS 7025 VERACASA WAY STE 205 A
CITY-ST-ZIP BOCA RATON, FL 33433

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)