

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001203

1. Entity Name

PERADON CAPITAL FUND, LTD.

Principal Place of Business

7025 VERACASA WAY, SUITE 205A  
BOCA RATON FL 33433

Mailing Address

7025 VERACASA WAY, SUITE 205A  
BOCA RATON FL 33433

FILED

2002 NOV -4 AM 10: 26

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

175 W Camino Real

Suite, Apt. #, etc.

3. Mailing Address

175 W Camino Real

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-1029157

Applied For

Not Applicable

Zip

33432

Country

Palm Beach

Zip

33432

Country

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DONNAURO, FRANK C

7025 VERACASA WAY, SUITE 205A

BOCA RATON FL 33433

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.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$50,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$412,164

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 7025 VERACASA WAY, SUITE 205A  
CITY-ST-ZIP BOCA RATON FL 33433

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

Supp. filed  
att. 11/30/02  
-Jett

8880008794628

11/05/02--01007--014 \*\*526.25

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4.26.02 (732) 275-6070

Date

Daytime Phone #

CR2E003 (9/01)