2002 UNIF	DRM	<b>BUSINESS</b>	REPORT	(UBR)
OCHRAENT 4	Δ	950000010	57	

DOCUMENT # A9500001057

1. Entity Name
PERDIEM LTD.

Same in a

FILED

02 APR 30 PM 3: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal	Place	of	Business

1417-3 DEL PRADO BLVD.. SUITE 473 CAPE CORAL FL 33990 Mailing Address

1417-3 DEL PRADO BLVD.. SUITE 473 CAPE CORAL FL 33990

Principal Place of Business
4210 PRESTUCK CT
4210 PRESTUCK CT.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent

4. FEI Number

65-0626218

7. Name and Address of New Registered Agent

**DUE BY MAY 1, 2002** 

Applied For Not Applicable

33903

WSA

Country SA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered

Name

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

BERTRAND, DEAN M 1417-3 DEL PRADO BLVD. SUITE 473 CAPE CORAL FL 33990

offeet Address (F.O. DOX Nulliper is Not Acceptable)

L 1990n

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 Sonature typed or printed page of repidened agent and this if anoticable

THE MATIONAL PERDIENCO

DATE PROBLEM 1

Capital Contributions as Shown on record.

\$10,000.00

Amount of Capital Contributions in FLORIDA to date.

 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

	and the contract of the						
12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY				
OOCUMENT <b>#</b> NAME	F95000003371 THE NATIONAL PERDIEM COMPANY	STREET ADDRESS					
STREET ADDRESS 2711 CENTERVILLE RD., STE. 400 WILMINGTON DE 19808		CITY-ST-ZIP					
DOCUMENT# NAME		STREET ADDRESS	0000055035802				
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<del>-05/10/0201000 007</del> ****141.25 ****141.25				
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STREET ADDRESS CITY-ST-ZIP		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 signate 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 empropered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: DEHILL BERTHADDUTHEN

Date

Dautimo Phona # .

CR2E003 (9/01)