## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L:00000007446 1. Entity Name

PERAdon Capital Fund Management LLC

## FILED May 13, 2002 8:00 am Secretary of State

05-13-2002 90207 014 \*\*\*\*50.00

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2. Principal Place of Business 3. Mailing Address 175 W Camino REAL 175 W Camino REAL Suite, Apt. #, etc. Suite, Apt. #, etc.

960972

DO NOT WRITE IN THIS SPACE

Fee Required

City & State Raton, FL Boca 4. FEI Number Boca Raton, FI Applied For 65-1029160 Not Applicable Country Country 33432 Palm Beach \$5.00 Additional

Palm Beach

DO NOT WRITE IN THIS SPACE

********	/. Name and Ad	ddress of Current Registered Agent
Name		
	1801	DEWEES
	LEG ARKO	UEWEES

5. Certificate of Status Desired

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

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.	
у под сем одели апо сим и архисарие.	DATE
FFF.IS \$50:00	

Make Check Payable to Department of State

DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS TITLE FRANCESCO PERRÍ TITLE NAME 1 Baytree Circle NAME STREET ADDRESS Middletown, NJ 07748 STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TIFLE FRANK DONNAURO TITLE NAME 716 - SLOTKIN CIRCLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FREEHOLD, NJ CITY-ST-ZIP DILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY-ST ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP

11. Thereby 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUT

4.26.02 (122)275-6230