2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000068697

EDWARD PERON FOUNDATION L.L.C.



FILED Feb 04, 2008 08:00 Al Secretary of State

Principal Place of Business

6995 PRADO BLVD. CORAL GABLES, FL 33143-6534 Mailing Address

6995 PRADO BLVD.

CORAL GABLES, FL 33143-6534



01142008No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	
	20-5194740	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

MARTINEZ, OSVALDO 782 N.W. 42 AVE., #2 MIAMI, FL 33126

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	LE NOWILL FEE IS \$138.75		
0.0.0.0.0.0	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE
SIGNATUR	F		
	pations of registered agent.	anging its registered office of registered agent, of bo	in, in the State of Florida. If am laminal with, and accept

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERON, EDWARD 6995 PRADO BLVD. CORAL GABLES, FL 331436534	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		000000815410 02214708-80008-0
TITLE NAME STREET ADDRESS		
CITY-ST-ZIP		DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

recovering that the mornature supplied and this litting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify 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 limited liability company or the receive in trustee empowers to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE