

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000003752

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** ADURO CAPITAL MANAGEMENT I LLC

**Current Principal Place of Business:**

525 S FLAGLER DR, STE 301  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

525 S FLAGLER DR, STE 301  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 35-2280308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRACK, R. NICHOLAS JR.  
777 S. FLAGLER DRIVE SUITE 800  
WEST TOWER  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

BRACK, R. NICHOLAS JR.  
525 S FLAGLER DRIVE  
SUITE 301  
WEST PALM BEACH, FL 33401 US

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:**

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** BRACK, R. NICHOLAS  
**Address:** 777 S. FLAGLER DRIVE SUITE 800  
**City-St-Zip:** WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** BRACK, R. NICHOLAS  
**Address:** 525 S. FLAGLER DRIVE SUITE 301  
**City-St-Zip:** WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** R. NICHOLAS BRACK JR

MGRM

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date