


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 16, 2008 8:00 am
Secretary of State

05-14-2008 90080 047 ***138.75

DOCUMENT # L02000023873 1. Entity Name THE UNION MORTGAGE, LLC	
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Principal Place of Business 1625 NORTH COMMERCE PKWY. #315 WESTON, FL 33326	Mailing Address 1625 NORTH COMMERCE PKWY. #315 WESTON, FL 33326
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30009363



04232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1535463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TOVAR, ILEANA A ESQ. WESTON TOWN CENTER 1725 MAIN ST., STE. 205 WESTON, FL 33326

**DO NOT WRITE
IN THIS SPACE**

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBACETE, ALFONSO 1625 NORTH COMMERCE PKWY. #315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, CIRO 1625 NORTH COMMERCE PKWY. #315 WESTON, FL 33326
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Alfonso Albacete Date: 06/11/08 Daytime Phone #: 954 3896161

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

Date

Daytime Phone #