


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L96000000825  
 1. Entity Name  
 UNION ATLANTIC, LC



Principal Place of Business      Mailing Address  
 3010 N. MILITARY TRAIL, SUITE 300      3010 N. MILITARY TRAIL, SUITE 300  
 BOCA RATON, FL 33431      BOCA RATON, FL 33431

**DO NOT WRITE IN THIS SPACE**



07022004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 65-0687488	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  
 VFIN EXECUTIVE SERVICES INC  
 3010 N MILITARY TRAIL  
 SUITE 300  
 BOCA RATON, FL 33431

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

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

**Filing Fee is \$50.00  
 Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SOKOLOW, LEONARD J 2458 PROVENCE COURT WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MAHONEY, TIMOTHY 68 CAYMAN PLACE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000121531  
 09/02/04-80005-011 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Leonard Sokolow*      9.1.04      561.981.1005  
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #