

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011633

FILED
Jan 09, 2004
Secretary of State

Entity Name: UNION STATION PARTNERS, LLC

Current Principal Place of Business:

1715 N. WESTSHORE BLVD
SUITE 950
TAMPA, FL 336073920

New Principal Place of Business:

Current Mailing Address:

1715 N. WESTSHORE BLVD
SUITE 950
TAMPA, FL 336073920

New Mailing Address:

FEI Number: 59-3677336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, GILBERTO J
1715 N. WESTSHORE BLVD
SUITE 950
TAMPA, FL 336073920 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: D () Delete
Name: HERNANDEZ, GILBERTO J
Address: 1715 N. WESTSHORE BLVD, STE 950
City-St-Zip: TAMPA, FL 336073920

Title: D () Delete
Name: VALIENTE, JOSE E
Address: 1715 N. WESTSHORE BLVD, STE 950
City-St-Zip: TAMPA, FL 336073920

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HERNANDEZ, GILBERTO J
Address: 1715 N. WESTSHORE BLVD, STE 950
City-St-Zip: TAMPA, FL 336073920

Title: MGR (X) Change () Addition
Name: VALIENTE, JOSE E
Address: 1715 N. WESTSHORE BLVD, STE 950
City-St-Zip: TAMPA, FL 336073920

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSE E. VALIENTE MGR 01/09/2004

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