

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000011633

1. Entity Name

UNION STATION PARTNERS, LLC



Principal Place of Business

1715 N. WESTSHORE BLVD
SUITE 950
TAMPA, FL 33607-3920

Mailing Address

1715 N. WESTSHORE BLVD
SUITE 950
TAMPA, FL 33607-3920



03042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3677336

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, GILBERTO J
1715 N. WESTSHORE BLVD
SUITE 950
TAMPA, FL 33607-3920

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HERNANDEZ, GILBERTO J
STREET ADDRESS 1715 N. WESTSHORE BLVD, STE 950
CITY-ST-ZIP TAMPA, FL 336073920

TITLE MGR
NAME VALIENTE, JOSE E
STREET ADDRESS 1715 N. WESTSHORE BLVD, STE 950
CITY-ST-ZIP TAMPA, FL 336073920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000480745
04/11/06-80004-007 \$0.00

**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:

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

3/3/06 (823)933-3943

Date

Daytime Phone #