



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90014 034 \*\*\*\*50.00

<b>DOCUMENT # L02000014909</b>					
<b>1. Entity Name</b> UNION HOLDINGS, LLC					
<b>Principal Place of Business</b> 10520 NW 26 STREET C-201 MIAMI, FL 33172			<b>Mailing Address</b> 10520 NW 26 STREET C-201 MIAMI, FL 33172		
<b>2. Principal Place of Business</b> 10520 NW 26 ST. Suite, Apt. #, etc. C 201 City & State Doral, FL Zip 33172 Country U.S.A.		<b>3. Mailing Address</b> 10520 NW 26 ST. Suite, Apt. #, etc. C 201 City & State Doral, FL Zip 33172 Country U.S.A.			
04062006    Chg-LLC    CR2E083 (11/05)				<b>4. FEI Number</b> 30-0088009	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> FILINGS, INC. 3732 N.W. 16TH ST. FT LAUDERDALE, FL 33311			<b>7. Name and Address of New Registered Agent</b> Name Jose E. Cabanas Street Address (P.O. Box Number is Not Acceptable) 10520 NW 26 ST. - C 201 City Doral <b>FL</b> Zip Code 33172		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			_____ <small>(NOTE: Registered Agent signature required when reinstating)</small>		
DATE 04/06/06			DATE		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABANAS, JOSE E 10520 NW 26 STREET MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cabanas, Jose E. 10520 NW 26 ST. - C 201 Doral, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABANAS, JOSE F 10520 NW 26 STREET MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cabanas, Joseph F. 10520 NW 26 ST. - C 201 Doral, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			_____ Date    Daytime Phone #		
Jose E. Cabanas			04/06/06 (305) 513 3639		