2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000023873

1. Entity Name
THE UNION MORTGAGE, LLC

Principal Place of Business	Mailing Address
1625 NORTH COMMERCE PKWY. #315 WESTON, FL 33326	1625 NORTH COMMERCE PKWY. #315 WESTON, FL 33326

DO NOT WRITE IN THIS SPACE

01062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
72-1535463
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 May 1, 2006

100000041034?
02/09/06 80030-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ALBACETE, ALFONSO
STREET ADDRESS	1625 NORTH COMMERCE PKWY. #315
CITY-ST-ZIP	WESTON, FL 33326
TITLE	MGR
NAME	MARTINEZ, CIRO
STREET ADDRESS	1625 NORTH COMMERCE PKWY. #315
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #