

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037154

FILED
Mar 03, 2007
Secretary of State

Entity Name: UNION FORT PROPERTIES LLC

Current Principal Place of Business:

ATTN: BART BOGGESS
671 S. OCEAN BLVD
BOCA RATON, FL 33432

New Principal Place of Business:

ATTN: TRENT BOGGESS
671 S. OCEAN BLVD
BOCA RATON, FL 33432

Current Mailing Address:

ATTN: BART BOGGESS
671 S. OCEAN BLVD
BOCA RATON, FL 33432

New Mailing Address:

ATTN: TRENT BOGGESS
671 S. OCEAN BLVD
BOCA RATON, FL 33432

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BOGGESS, TRENT S
671 S. OCEAN BLVD
BOCA RATON, FL 33432 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/MANAGERS:

Title: MGR () Delete
Name: BOGGESS, BART
Address: 671 S. OCEAN BLVD.
City-St-Zip: BOCA RATON, FL 33432

Title: MGR () Delete
Name: BOGGESS, TRENT
Address: 671 S. OCEAN BLVD.
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TRENT BOGGESS

MGR

03/03/2007

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