

FILED
Apr 02, 2007 08:00 AM
Secretary of State

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000054939		
1. Entity Name UNION PRODUCTION LLC		
Principal Place of Business 4676 COLLIER RD LAKE WORTH, FL 33463 US		Mailing Address 4676 COLLIER RD LAKE WORTH, FL 33463
DO NOT WRITE IN THIS SPACE		
		
03272007 No Chg-LLC CR2E063 (11/05)		
4. FE Number 88-0601561		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent PIERRE, EDVARD 7852 OVERLOOK RD LANTANA, FL 33462		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 registering) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PORTIA, PIERRE 4676 COLLIER RD LAKE WORTH, FL 33463	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIERRE, EDVARD 4676 COLLIER RD LAKE WORTH, FL 33463	
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10. 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 606, Florida Statutes.		
SIGNATURE: <u>Port Pierre</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		3/31/07 5614326735 File Daytime Page #