

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90024 037 ****50.00

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DOCUMENT # M04000000719 1. Entity Name 1980 UNIONPORT ASSOCIATES, L.L.C.					
Principal Place of Business 60 BROAD ST 3503 NEW YORK, NY 10004			Mailing Address 60 BROAD ST 3503 NEW YORK, NY 10004		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. # etc.		Suite, Apt. # etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 11-3639546	
5. Certificate of Status Desired: ☐ \$5.00 Additional Fee Required				Applied For: ☐ Not Applicable: ☐	
6. Name and Address of Current Registered Agent F&L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
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, and am with and accept, the obligations of registered agent.					
SIGNATURE _____ Signature required to be submitted with this report. Signature of the filer, or the filer's authorized representative, is required.					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR ECKSTEIN, SHIMON 1009 EAST 14TH STREET BROOKLYN, NY 11230	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR Eckstein, Shimon 60 Broad St Suite 3503 New York, NY 10004
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
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. 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: _____ S. ECKSTEIN 4/26/06 212-668-0101 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					