2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000001766

1. Entity Name
1954 UNIONPORT ASSOCIATES, L.L.C.

FILED
Jul 28, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
60 BROAD STREET, #3503 NEW YORK, NY 10004	60 BROAD STREET, #3503 NEW YORK, NY 10004

07212008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3133346
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

F&L CORP
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202

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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)

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ECKSTEIN, SHIMON
STREET ADDRESS	60 BROAD ST., SUITE 3503
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	
NAME	
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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: S ECKSTEIN 7/20/08 2126680101
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #