## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M04000001767**

1. Enlity Name

1944 UNIONPORT ASSOCIATES, L.L.C.



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

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

60 BROAD STREET, #3503 NEW YORK, NY 10004



07212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 11-3133343 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 chine obligations of registered agent.	anging its registered office or registered agent, or	both, in the State of Florida	I am lamiliar with, and accept
s	GNATURE			
	Signature: Typett or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating):	l	)ATF

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			
NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECKSTEIN, SHIMON 60 BROAD ST SUITE 3503 NEW YORK, NY 10004			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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11. I hereby certify that the information supplied with this filling 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 any that my signature mail have the same legal effect as it made under oath, that I am a managing member or manager of the limited liability company or the received at trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER OR AUTHORIZ DREPRESENTATIV

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7/20/08

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Daytime Phone #