

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A02000001656

1. Entity Name
UNITED DEVELOPMENT PARTNERS LTD.



FILED

04 AUG 25 PM 3: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1400 NW 107 AVE., SUITE 200
MIAMI, FL 33172

Mailing Address
1400 NW 107 AVE., SUITE 200
MIAMI, FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08242004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
55-0810899

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, GUILLERMO
1400 NW 107 AVE., SUITE 200
MIAMI, FL 33172

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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$30,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000037313
NAME UNITED CONSTRUCTION GROUP OF MIAMI, INC.
STREET ADDRESS 1400 NW 107 AVE., SUITE 200
CITY-ST-ZIP MIAMI, FL 33172

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE