

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
05 APR 27 PM 6:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000001656

1. Entity Name
UNITED DEVELOPMENT PARTNERS LTD.



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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



04212005 Chg-LP CR2E003 (10/03)

4. FEI Number
55-0810899

Applied For
Not Applicable

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 DATE **04/22/05**

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

10. Amount of Capital Contributions in FLORIDA to date.

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 #	FERNANDEZ, GUILLERMO	STREET ADDRESS	
NAME	1400 NW 107 AVE., SUITE 200	CITY-ST-ZIP	
STREET ADDRESS	MIAMI, FL 33172		
CITY-ST-ZIP			
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05/13/05--01005--019 **298.75

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: **Guillermo Fernandez** **04/22/05** **(305) 229-4050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE