2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

DOCUMENT # A02000001656 SECRETARY OF STATE DIVISION OF CORPORATIONS UNITED DEVELOPMENT PARTNERS LTD. 06 AUG 10 AM 9:58 Principal Place of Business Mailing Address 1400 NW 107 AVE., SUITE 200 1400 NW 107 AVE., SUITE 200 MIAMI, FL 33172 MIAMI, FL 33172 07192006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 55-0810899 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERNANDEZ, GUILLERMO DO NOT WRITE 1400 NW 107 AVE., SUITE 200 MIAMI, FL 33172 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # NAME FERNANDEZ, GUILLERMO STREET ADDRESS 1400 NW 107 AVE., SUITE 200 CITY-ST-ZIP MIAMI, FL 33172 DOCUMENT # NAME **500078986335** 08/22/06--01020--014 **500.00 STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

14. 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 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

DOCUMENT / NAME STREET ADDRESS CITY-ST-7IP

7/31/66 (305)229-4050