## 2007 LIMITED PARTNERSHIP ANNUAL REPORT , Due By May 1, 2007

## DOCUMENT # A02000001656

UNITED DEVELOPMENT PARTNERS LTD.



**FILED** Mar 29, 2007 08:00 A Secretary of State

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

MIAMI, FL 33172

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



DO NOT WRITE IN THIS SPACE

02212007 No Chg-LP CR2E003 (12/06)

Applied For 4. FEI Number 55-0810899 Not Applicable \$8.75 Additional 

5. Certificate of Status Desired

Fee Required

FERNANDEZ, GUILLERMO

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE

		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 Signature, typed or printed name of registered agent and title if applicable.		
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	
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.		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION  FERNANDEZ, GUILLERMO  1400 NW 107 AVE., SUITE 200  MIAMI, FL 33172	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		000000682960 04/05/07-80024-003 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS GITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS		

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 trusted empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** 

CITY-ST-ZIP

SIGNATURE AND TYRED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #