2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
2007 MAY 18 P 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000001180

1. Entity Name
UB PARTNERS, LLLP

Principal Place of Business	Mailing Address
227 GEORGE ROAD PORT CHARLOTTE, FL 33952	227 GEORGE ROAD PORT CHARLOTTE, FL 33952

04152007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		C/O DAVID A. HOLMES	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 99 NESBIT ST	
City & State		City & State PUNTA GORDA FL	
Zip	Country	Zip 33950	Country US

4. FEI Number 20-0242417 ☐ 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
HOLMES, DAVID A 99 NESBIT STREET PUNTA GORDA, FL 33952	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
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

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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 #		STREET ADDRESS	
NAME	NANDIGAM, BALA		
STREET ADDRESS	227 GEORGE ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP			

STAPLE CHECK HERE

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] 4/27/07 941-625-6187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

BALA NANDIGAM, GENERAL PARTNER

RECEIVED APR 27 2007