

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 11 AM 11:36

DOCUMENT # A17464			
1. Entity Name UNITED ASSOCIATES, LIMITED			
Principal Place of Business 400 MADISON AVE. SARASOTA, FL 34236		Mailing Address 1937 GOLF ST. SARASOTA, FL 34236	
2. Principal Place of Business		3. Mailing Address 711 S. OSPREY AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 1	
City & State		City & State SARASOTA FL	
Zip	Country	Zip	Country
34236		34236	
6. Name and Address of Current Registered Agent PARKER, MINDY 1937 GOLF STREET SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 711 S. OSPREY AVE. SUITE 1 City SARASOTA FL Zip Code 34236	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$382,500.00		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 # NAME STREET ADDRESS CITY - ST - ZIP	P95000091633 KAUFFMAN PROPERTIES CORPORATION-ONE 455 LONGBOAT CLUB ROAD, PH#4 LONGBOAT KEY, FL 34228	STREET ADDRESS CITY - ST - ZIP	
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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: <u><i>Mark Kauffman</i></u>		Date <u>4/19/05</u> Daytime Phone # <u>941-383-3220</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE