
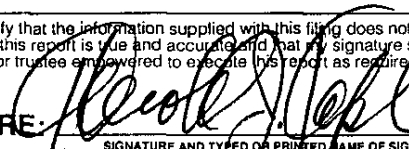


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

141.25

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR -9 PM 4:04

<b>DOCUMENT # A19038</b> 1. Entity Name UNITED FINANCIAL GROUP - 85, LTD.					
Principal Place of Business 1133 LOUISIANA AVE., STE. 200 WINTER PARK, FL 32789			Mailing Address P.O. BOX 941313 225 S. SWOOPPE AVE. MAITLAND, FL 32794		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 941313 Suite, Apt. #, etc.			
City & State		City & State Maitland, FL		4. FEI Number 59-2503970	
Zip 32794-1313		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAPLAN, HAROLD J. 453 FLETCHER PLACE WINTER PARK, FL 32789				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$3,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	F26156		STREET ADDRESS		
NAME	UNITED FINANCIAL GROUP		CITY-ST-ZIP		
STREET ADDRESS	1133 LOUISIANA AVE., STE. 200				
CITY-ST-ZIP	WINTER PARK, FL 32789				
DOCUMENT #	KAPLAN, HAROLD J.		STREET ADDRESS		
NAME	453 FLETCHER PLACE		CITY-ST-ZIP		
STREET ADDRESS	WINTER PARK, FL 32789				
CITY-ST-ZIP					
DOCUMENT #	BIERMAN, ARNOLD J.		STREET ADDRESS		
NAME	1110 W. IVANHOE BLVD.# 30		CITY-ST-ZIP		
STREET ADDRESS	ORLANDO, FL 32804				
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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 			Harold J. Kaplan, Gen. Part. 1-30-04 407 628-8444		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE

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