
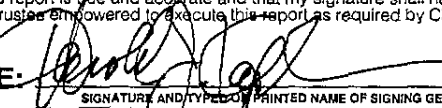


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A19038					
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 MAITLAND, FL 32794		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2503970	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KAPLAN, HAROLD J. 453 FLETCHER PLACE WINTER PARK, FL 32789				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.		
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 #	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					
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: 				3-8-05 407-628-8444	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

STAPLE CHECK HERE