## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A19038 06 JAN 27 AM 11:57 UNITED FINANCIAL GROUP - 85, LTD. Principal Place of Business Mailing Address 1133 LOUISIANA AVE., STE. 200 P.O. 80X 941313 WINTER PARK, FL 32789 MAITLAND, FL 32794 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232006 CR2E003 (11/05) Chg-LP City & State City & State 4. FEI Number Applied For 59-2503970 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAPLAN, HAROLD J. 453 FLETCHER PLACE ADPRESS Coffeetion Street Address (P.O. Box Number is Not Acceptable) 1133 Louisiana Ave., Ste 200 WINTER PARK, FL 32789 Winter Park tor the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above A Pentity subgrite ti registered SIGNATU FILE NOWIR FEE IS \$500.00 After May 1, 2006, 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # F26156 STREET ADDRESS UNITED FINANCIAL GROUP NAME STREET ADDRESS 1133 LOUISIANA AVE., STE. 200 CITY-ST-7IP CITY-ST-7IP WINTER PARK, FL 32789 DOCUMENT # STREET ADDRESS Suite 200 KAPLAN, HAROLD J. 1133 Louisiana Avenue STREET ADORESS **453 FLETCHER PLACE** CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 32789 32789 Winter Park, FL DOCUMENT # STREET ADDRESS BIERMAN, ARNOLD J. NAME STREET ADDRESS 1110 W. IVANHOE BLVD.# 30 CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32804 000064997920 DOCUMENT # STREET ADDRESS 02/01/06--01076--009 \*\*500.0b NAME STREET ADDRESS CITY-ST-ZIP HERE CITY-ST-ZIP DOCUMENT # STREET ADDRESS SHECK NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME, STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14: I hereby certify that the information supplied with this filling 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 628-8444 1-23-06 Harold J. Kaplan SIGNATURE: OF SIGNING GENERAL PARTNER Daytime Phone #