

2007 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2007****FILED****Feb 01, 2007 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

01292007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2503970

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, HAROLD J
1133 LOUISIANA AVE
SUITE 200
WINTER PARK, FL 32789**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

UN00000617282

02/01/2007-200699-007 500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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.**12. GENERAL PARTNER INFORMATION**DOCUMENT # F26156
NAME UNITED FINANCIAL GROUP
STREET ADDRESS 1133 LOUISIANA AVE., STE. 200
CITY - ST - ZIP WINTER PARK, FL 32789DOCUMENT #
NAME KAPLAN, HAROLD J.
STREET ADDRESS 1133 LOUISIANA AVE., STE 200
CITY - ST - ZIP WINTER PARK, FL 32789DOCUMENT #
NAME BIERMAN, ARNOLD J.
STREET ADDRESS 1110 W. IVANHOE BLVD.# 30
CITY - ST - ZIP ORLANDO, FL 32804DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Harold J. Kaplan, Genl. Part 1-29-07 407 628-8444

Date

Daytime Phone #

STAPLE CHECK HERE