


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

<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 MAITLAND, FL 32794
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02042008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2503970	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KAPLAN, HAROLD J. 1133 LOUISIANA AVE SUITE 200 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
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**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F26156 UNITED FINANCIAL GROUP 1133 LOUISIANA AVE., STE. 200 WINTER PARK, FL 32789	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	KAPLAN, HAROLD J. 1133 LOUISIANA AVE., STE 200 WINTER PARK, FL 32789	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BIERMAN, ARNOLD J. 1110 W. IVANHOE BLVD.# 30 ORLANDO, FL 32804	STREET ADDRESS CITY-ST-ZIP	
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000000818600  
02/15/08-80050-023 500.00

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: 	DATE: 2-4-08	Daytime Phone #: 407 628-8444
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STAPLE CHECK HERE