

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
 \* WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

98 SEP 18 PM 1:08

1. Name of Limited Partnership

1a. DOCUMENT #  
**A26360**

UNITED TRUST FUND LIMITED PARTNERSHIP



Mailing Address 701 BRICKELL AVE. SUITE 1300 MIAMI FL 33131		Principal Office Address 701 BRICKELL AVE. SUITE 1300 MIAMI FL 33131		3. Date Formed or Registered 05/02/1988	5a. Capital Contributions as Shown on record. <b>\$1,000,000.00</b>
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 11/12/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation DE	5b. Amount of Capital Contributions In FLORIDA to date:
City & State		City & State		6. FEI Number 65-0046462 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent <b>UNITED TRUST FUND, INC.</b> 701 BRICKELL AVE STE 1300 MIAMI FL 33131		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
UNITED TRUST FUND, INC.	701 BRICKELL AVE., #1	MIAMI FL	527202

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 \*\*\*\*526.25 \*\*\*\*526.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE [Signature] DATE 9/15/98  
 Typed or Printed Name of General Partner Signing Form JAMES G. NOLAN ex Vice Pres. Daytime Telephone Number 305-358-7711

CR2E003 (8/98)