### 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## **DOCUMENT # A95000000485**

1. Entity Name

UNITED REALTY ASSOCIATES, LTD.



FILED Jan 23, 2007 08:00 AM Secretary of State

Principal Place of Business

235 SOUTH COUNTY ROAD, SUITE 210 PALM BEACH, FL 33480

Mailing Address

P. O. BOX 3368

PALM BEACH, FL 33480



# DO NOT WRITE IN THIS SPACE

01172007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0572512

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED REALTY ASSOCIATES, INC. 235 SOUTH COUNTY RD., SUITE 210 PALM BEACH, FL 33480

# 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 accer
	the obligations of registered agent.	

SIGNATURE

STREET ADDRESS City-St-Zip

DOCUMENT / NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT / NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

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

DATE

#### 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 #	P95000024375	
NAME	UNITED REALTY ASSOCIATES, INC.	
STREET ADDRESS	235 SOUTH COUNTY ROAD, SUITE 210	
CITY-ST-ZIP	PALM BEACH, FL 33480	
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT /		
NALAC		

DO NOT WRITE
IN THIS SPACE

OTANO R CHECK LIED

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

A A STATEMENT OF THE PROPERTY OF THE

SIGNATURE

LIGHTURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

1-17-07

659-2919

Daytime Phone #