


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000002600		
1. Entity Name UNITED MORTGAGE & ASSOCIATES, LTD.		

Principal Place of Business 1107 EAST SILVER SPRINGS BLVD., SUITE 8 OCALA, FL 34470	Mailing Address P.O. BOX 1057 OCALA, FL 34478
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2. Principal Place of Business		3. Mailing Address	
Suite Apt #, etc.		Suite Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01062004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3543526	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ANDREWS, LAN 1107 EAST SILVER SPRINGS BLVD., SUITE 8 OCALA, FL 34470	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$100,000.00	10. Amount of Capital Contributions in FLORIDA to date. 100,000
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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	P98000093720 UNITED GENERAL & ASSOCIATES, INC. 1107 EAST SILVER SPRINGS BLVD. OCALA, FL 34470	STREET ADDRESS CITY ST ZIP	UNITED GENERAL & ASSOCIATES, INC. 1107 EAST SILVER SPRINGS BLVD. OCALA, FL 34470
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: LAN ANDREWS 2-5-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day/Time Phone #

STAPLE CHECK HERE