


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 28 AM 10:15

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	
2. Principal Place of Business 741 NE 3rd Street Suite # 1		3. Mailing Address P.O. Box 1057 Suite, Apt. #, etc.	
City & State Ocala, FL		City & State OCALA, FLA	
Zip 34470		Country USA	
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Zip 34470		Country USA	
4. FEI Number 59-3543526		Applied For 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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$100,000.00		10. Amount of Capital Contributions in FLORIDA to date. 100,000.	
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 P.O. Box 1057 - OCALA, FLA 34478
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	BENTON, MELISSA L 741 N.E. 3RD STREET OCALA, FL 34470	STREET ADDRESS CITY - ST - ZIP	
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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: <u>Lan Andrews</u>		Date: <u>2-25-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

STAPLE CHECK HERE