

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT #A98000002600

1. Entity Name
UNITED MORTGAGE & ASSOCIATES, LTD.



Principal Place of Business

**741 NE 3RD STREET
SUITE 1
OCALA, FL 34470**

Mailing Address

**P.O. BOX 1057
OCALA, FL 34478**



03232006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3543526

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

**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 accept the obligations of registered agent.

SIGNATURE _____

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

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 # **P98000093720**
NAME **UNITED GENERAL & ASSOCIATES, INC.**
STREET ADDRESS **PO BOX 1057**
CITY-ST-ZIP **OCALA, FL 34478**

DOCUMENT #
NAME **BENTON, MELISSA L**
STREET ADDRESS **741 N.E. 3RD STREET**
CITY-ST-ZIP **OCALA, FL 34470**

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06/03/06-80054-001 500.00

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: *Jan Andrews*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE