



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

<b>DOCUMENT # A98000002600</b> 1. Entity Name <b>UNITED MORTGAGE &amp; ASSOCIATES, LTD.</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>07 JAN 10 AM 11:39</b>	
Principal Place of Business <b>741 NE 3RD STREET SUITE 1 OCALA, FL 34470</b>				Mailing Address <b>P.O. BOX 1057 OCALA, FL 34478</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 01052007 Chg-LP CR2E003 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>59-3543526</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>ANDREWS, LAN 1107 EAST SILVER SPRINGS BLVD., SUITE 8 OCALA, FL 34470</b>				Name <b>LAN ANDREWS</b> Street Address (P.O. Box Number is Not Acceptable) <b>741 N.E. 3rd Street Suite #1</b> <b>OCALA, FLA 34470</b> City <b>FL</b> 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>							
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>							
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	P98000093720			STREET ADDRESS			
NAME	UNITED GENERAL & ASSOCIATES, INC.			CITY-ST-ZIP			
STREET ADDRESS	PO BOX 1057						
CITY-ST-ZIP	OCALA, FL 34478						
DOCUMENT #	BENTON, MELISSA L			STREET ADDRESS			
NAME	741 N.E. 3RD STREET			CITY-ST-ZIP			
STREET ADDRESS	OCALA, FL 34470						
CITY-ST-ZIP							
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CITY-ST-ZIP							
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				800085024708 01/18/07--01042--009 **500.00			
SIGNATURE: <i>LAN ANDREWS</i> / LAN ANDREWS				1-5-07 352-812-5688 <small>Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #</small>			

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