


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 21, 2008 08:00 A
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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc		3. Mailing Address Suite, Apt. #, etc			
City & State		City & State		02052008 Chg-LP CR2E003 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-3543526	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ANDREWS, LAN 741 NE 3RD STREET SUITE 1 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 date if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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			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	000000910497	
NAME	741 N.E. 3RD STREET		CITY-ST-ZIP	05/07/08-80003-019 500.00	
STREET ADDRESS	OCALA, FL 34470				
CITY-ST-ZIP					
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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: <i>Lan Andrews</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4-18-08 <small>Date</small>		
<small>Daytime Phone #</small>					

STAPLE CHECK HERE