

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A06000001334
1. Entity Name
UG OKEECHOBEE, LP*



FILED

2007 MAY 10 PM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
120 HOWARD STREET, STE. 450 120 HOWARD STREET, STE. 450
SAN FRANCISCO CA 94105 SAN FRANCISCO CA 94105

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E003 (10/06)
4. FEI Number Applied For
 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE FL 32301-2960

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

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	M05000003760	STREET ADDRESS	
NAME	UG PROPERTIES, LLC	CITY ST ZIP	
STREET ADDRESS	120 HOWARD STREET, STE. 450		
CITY ST ZIP	SAN FRANCISCO CA 94105		
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
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CITY ST ZIP			

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05/23/07--01007--018 **500.00

[Handwritten Signature]

STAPLE CHECK HERE

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 *[Handwritten Signature]* managing member 4-5-07 415-707-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #