


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A06000001061

1. Entity Name
 UST XVIII INVESTORS, LTD.



FILED
 08 FEB 21 PM 4:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 C/O ESTEIN & ASSOCIATES USA, LTD.
 5211 INTERNATIONAL DRIVE
 ORLANDO, FL 32819

Mailing Address
 C/O ESTEIN & ASSOCIATES USA, LTD.
 5211 INTERNATIONAL DRIVE
 ORLANDO, FL 32819



2. Principal Place of Business - No P.O. Box #
 c/o Estein & Associates USA Ltd
 4705 S. Apopka Vineland Rd.
 Suite 201
 Orlando, Fla. 32819

3. Mailing Address
 Suite Apt. #, etc.
 c/o Estein & Associates USA Ltd
 4705 S. Apopka Vineland Rd.
 Suite 201
 Orlando, Fla. 32819

01142008 Chg-LP CR2E003 (12/06)

4. FEI Number
 APPLIED FOR **20-5479089**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ESTEIN, LOTHAR
 C/O ESTEIN & ASSOCIATES USA, LTD.
 5211 INTERNATIONAL DRIVE
 ORLANDO, FL 32819

7. Name and Address of New Registered Agent
 Name: **ESTEIN, LOTHAR** c/o Estein & Assoc USA, LTD.
 Street Address (P.O. Box Number is Not Acceptable):
4705 S. Apopka Vineland Rd
Suite 201
 City: **Orlando** FL Zip Code: **32819**

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 _____

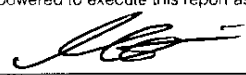
FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 #	L06000085976	STREET ADDRESS	4705 S. Apopka Vineland Rd. STB 201
NAME	WELP OPPORTUNITY, L.C.	CITY-ST-ZIP	ORLANDO, FLA. 32819
STREET ADDRESS	5211 INTERNATIONAL DRIVE		
CITY-ST-ZIP	ORLANDO, FL 32819		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	900118316269 02719708--01027--009 **508.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:  DATE: **2/12/08** JAYTIMO PHONE #: **(407) 909-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER