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

**DOCUMENT # A03000001087** 

1. Entity Name UST XII AURORA, LTD.



**FILED** Apr 20, 2007 08:00 AM Secretary of State

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



DO NOT WRITE IN THIS SPACE

04162007 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For 20-0119928 Not Applicable

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

6. Name and Address of Current Registered Agent

VEGOSEN, DEAN 515 NORTH FLAGLER DRIVE 18TH FL WEST PALM BEACH, FL 33401

## 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.	U00000719732
SIGNATURE	05/01/07-80077-025 500.00
Signature, typed or printed name of registered agent and title if applicable.	DATE
FILE NOW!!! FEE IS \$500.00	

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 # NAME STREET ADDRESS CITY-SI-ZIP	L03000025144 WELP DENVER, L.C. 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819
DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP	
DOCUMENT # NAME SIREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT / NAME STREET ADDRESS CITY+ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

## DO NOT WRITE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #