

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A03000001087

1. Entity Name
UST XII AURORA, LTD.



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 #

3. Mailing Address

c/o Estein & Associates USA Ltd
4705 S. Apopka Vineland Road
Suite 201
Orlando, Fl. 32819 USA

c/o Estein & Associates USA Ltd
4705 S. Apopka Vineland Road
Suite 201
Orlando, Fl. 32819 USA

01092008 Chg-LP CR2E003 (12/06)

4. FEI Number
20-0119928

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

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

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS **4705 S. Apopka Vineland Rd. STE. 201**
 CITY-ST-ZIP **ORLANDO, FLA. 32819**

DOCUMENT #
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STREET ADDRESS
 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/12/08

Date

(407) 909-2200

Daytime Phone #

STAPLE CHECK HERE

FILED
08 FEB 21 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

