


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A03000001119</b>					
<b>1. Entity Name</b> UST XI DEARBORN, LTD.					
<b>Principal Place of Business</b> C/O ESTEIN & ASSOCIATES USA, LTD. 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819			<b>Mailing Address</b> C/O ESTEIN & ASSOCIATES USA, LTD. 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02172005    Chg-LP    CR2E003 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 20-0123685	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
VEGOSEN, DEAN 515 NORTH FLAGLER DRIVE, 18TH FL WEST PALM BEACH, FL 33401			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> <b>DATE</b> _____					
<b>9. Capital Contributions as Shown on record.</b> <b>\$4,000,000.00</b>		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	L03000025299		STREET ADDRESS		
NAME	WELP CHICAGO, L.C.		CITY - ST - ZIP		
STREET ADDRESS	5211 INTERNATIONAL DRIVE				
CITY - ST - ZIP	ORLANDO, FL 32819				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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<b>14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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</b>					
<b>SIGNATURE:</b> _____		Lothar Estein		2/18/2005    (407) 354-3307	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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