

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A04000001005

1. Entity Name
 UST XIV HOTEL, LTD.



FILED

08 FEB 21 PM 4:09

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 #

3. Mailing Address



02072008 Chg-LP CR2E003 (12/06)

4. FEI Number
 20-1286491

Applied For
 Not Applicable

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

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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

WELP HOTEL, L.C.
 5211 INTERNATIONAL DRIVE
 ORLANDO, FL 32819

STREET ADDRESS
 CITY-ST-ZIP

4705 S. Apopka Vineland Rd. STE. 201
 ORLANDO, FLA. 32819

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 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