

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 FEB 20 AM 10:06

DOCUMENT # A05000000795

1. Entity Name
 UST XV MADISON, LTD.



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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312006

Chg-LP

CR2E003 (11/05)

4. FEI Number

30-0310017

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 N. FLAGLER DRIVE, 18TH FLOOR
 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, 2006, 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 # L05000038847
 NAME WELP MADISON, L.C.
 STREET ADDRESS 5211 INTERNATIONAL DR.
 CITY-ST-ZIP ORLANDO, FL 32819

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

400066793814

02/28/06--01014--003 **508.75

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

Lothar Estein

2/7/2006

Date

(407) 354-3307

Daytime Phone #

STAPLE CHECK HERE