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

## **DOCUMENT # A05000000795**

1. Entity Name UST XV MADISON, LTD.



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

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



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DO NOT WRITE IN THIS SPACE

04162007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-0310017

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

## "DO, NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.</li></ol>	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	U00000719783
Signature, typed or printed name of registered agent and title if applicable,	บวกบโกบา-ซบบาลสปะสะ 500.00
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY M	

	NOTE: General Partners MAT NOT be changed on the	
12.	GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L05000038847 WELP MADISON, L.C. 5211 INTERNATIONAL DR. ORLANDO, FL. 32819	
DOCUMENT / NAME STREET ADDRESS CITY - ST - ZIP		
DOCUMENT / NAME STREET ADDRESS CITY-SI-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME		

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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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/07

Daytime Phone #