


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt., #, etc. c/o Estein & Associates USA Ltd. 4705 S. Apopka Vineland Road Suite 201 Orlando, FL 32819 USA	Suite, Apt., #, etc. c/o Estein & Associates USA Ltd. 4705 S. Apopka Vineland Road Suite 201 Orlando, FL 32819 USA
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**FILED**

**08 FEB 21 PM 4:09**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



01142008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-0310017	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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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 <b>FL</b> Zip Code
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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 \_\_\_\_\_ 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	L05000038847 WELP MADISON, L.C. 5211 INTERNATIONAL DR. ORLANDO, FL 32819	STREET ADDRESS CITY-ST-ZIP	4705 S. Apopka Vineland RD, STE 201 ORLANDO, FL 32819
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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:**  **2/12/08** **(407) 909-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE