2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006 DOCUMENT # A0500001065 06 FEB 20 AH 10: 06 UST XV GP, LTD. Principal Place of Business Mailing Address **5211 INTERNATIONAL DRIVE** 5211 INTERNATIONAL DRIVE C/O ESTEIN & ASSOCIATES USA, LTD. C/O ESTEIN & ASSOCIATES USA, LTD. ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312006 CR2E003 (11/05) Chg-LP City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional **□x** 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ESTEIN, LOTHAR **5211 INTERNATIONAL DRIVE** Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32819 City Zip Code FL 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 ADDRESS CHANGES ONLY P05000077375 DOCUMENT # STREET ADDRESS UST XV GP CORP. NAME STREET ADDRESS 5211 INTERNATIONAL DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32819 DOCUMENT # STREET ADDRESS 900066793789 NAME 02/20/06 - 01014 - 002 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CHECK

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Lothar Estein

2/7/2006

(407) 354-3307

Dale

Daytime Phone #