

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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

DOCUMENT # A05000001065



1. Entity Name
 UST XV GP, LTD.

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

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



04162007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 20-2908551

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ESTEIN, LOTHAR
 5211 INTERNATIONAL DRIVE
 ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

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

U00000719794
 05/01/07-80077-026 500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY 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 #	P05000077375
NAME	UST XV GP CORP.
STREET ADDRESS	5211 INTERNATIONAL DRIVE
CITY-ST-ZIP	ORLANDO, FL 32819
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

4/17/07

Date Daytime Phone #