

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 FEB 21 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
2. Principal Place of Business - No P.O. Box #	3. Mailing Address



c/o Estein & Associates USA Ltd 4705 S. Apopka Vineland Road Suite 201 Orlando, FL 32819 USA	c/o Estein & Associates USA Ltd 4705 S. Apopka Vineland Road Suite 201 Orlando, FL 32819 USA	01142008 Chg-LP CR2E003 (12/06)
4. FEI Number 20-2908551		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819	Estein, Lothar 4705 S. Apopka Vineland Road Suite 201 Orlando, Fla. 32819
	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, and I, the undersigned, am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	P05000077375 UST XV GP CORP. 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819	STREET ADDRESS CITY-ST-ZIP	4705 S. Apopka Vineland Rd. Ste 201 Orlando, FLA 32819
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500118316385 02/19/08--01027--011 **508.75
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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) 905-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE