2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

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FILED DOCUMENT # A05000002072 UST XVI VICTORY PARK, LTD. 08 FEB 21 PM 4: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O ESTEIN & ASSOCIATES USA, LTD. C/O ESTEIN & ASSOCIATES USA, LTD. **5211 INTERNATIONAL DRIVE 5211 INTERNATIONAL DRIVE** ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business - No P.O. Box # 3. Mailing Address c/o Estein & Assoicates USA Ltd c/o Estein & Assoicates USA Ltd 01142008 CR2E003 (12/06) 4705 S. Apopka Vineland Road 4705 S. Apopka Vineland Road Applied For Suite 201 Suite 201 20-3804083 Not Applicable Orlando, Fl. 32819 Orlando, Fl. 32819 \$8.75 Additional USA USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VEGOSEN, DEAN Street Address (P.O. Box Number is Not Acceptable) C/O BOOS CASEY CIKLIN LUBITZ MARTENS MCBAN 515 NORTH FLAGLER DRIVE, 18TH FLOOR WEST PALM BEACH, FL 33401 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and attent applicable, 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. DOCUMENT / L05000109965 STREET ADDRESS 4705 S. Apopka Vinezand Rd. STE 201 NAME WELP VICTORY PARK, L.C. STREET ADDRESS 5211 INTERNATIONAL DRIVE CHY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32819 DOCUMENT # STREET ADDRESS NAME 72798-18275-1 STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MARAL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 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 4071 909-2200 2/12/08 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER