


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT # A06000001059</b> 1. Entity Name UST XVII PREFERRED EQUITY, LTD.	
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**FILED**

2007 APR 30 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business % ESTEIN & ASSOCIATES USA, LTD. 5211 INTERNATIONAL DR. ORLANDO, FL 32819	Mailing Address % 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	4. FEI Number
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	

04162007 Chg-LP CR2E003 (12/06)

**6. Name and Address of Current Registered Agent**

ESTEIN, LOTHAR  
 % ESTEIN & ASSOCIATES USA, LTD.  
 5211 INTERNATIONAL DR.  
 ORLANDO, FL 32819

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, type or printed name of registered agent and title if applicable.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	WELP OPPORTUNITY, L.C.		
	% 5211 INTERNATIONAL DR.		
	ORLANDO, FL 32819		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

000101975300  
 05/09/07--01048--012 \*\*500.00

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:** \_\_\_\_\_ **4/17/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #