

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 FEB 21 PM 4:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



02072008 Chg-LP CR2E003 (12/06)

DOCUMENT # A06000001059

1. Entity Name
 UST XVII PREFERRED EQUITY, LTD.



Principal Place of Business Mailing Address

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

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

c/o Estein & Associates USA Ltd, Suite 201 # etc
 4705 S. Apopka Vineland Road
 Suite 201
 Orlando, Fla. 32819 USA

4. FEI Number
 APPLIED FOR 20-5479039 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ESTEIN, LOTHAR % ESTEIN & ASSOCIATES USA, LTD. 5211 INTERNATIONAL DR. ORLANDO, FL 32819	Name <u>ESTEIN, LOTHAR C/O ESTEIN + ASSOC. USA, LTD.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4705 S. APOPKA VINELAND ROAD</u> <u>Suite 201</u> City <u>ORLANDO</u> FL Zip Code <u>32819</u>

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 _____

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 #	WELP OPPORTUNITY, L.C. % 5211 INTERNATIONAL DR. ORLANDO, FL 32819	STREET ADDRESS	<u>4705 S. APOPKA VINELAND Rd. STE. 201</u>
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	<u>400118316214</u>
NAME		STREET ADDRESS	<u>02/19/08--01027--008 **508.75</u>
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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] Date 2/12/08 Daytime Phone # (407) 909-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER