

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

DOCUMENT # A06000001061	
1. Entity Name UST XVIII INVESTORS, LTD.	



**FILED**

08 FEB 21 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business C/O ESTEIN & ASSOCIATES USA, LTD. 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819	Mailing Address C/O ESTEIN & ASSOCIATES USA, LTD. 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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c/o Estein & Associates USA Ltd 4705 S. Apopka Vineland Rd. Suite 201 Orlando, Fla. 32819	c/o Estein & Associates USA Ltd 4705 S. Apopka Vineland Rd. Suite 201 Orlando, Fla. 32819
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01142008 Chg-LP CR2E003 (12/06)

4. FEI Number APPLIED FOR 20-54779089	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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ESTEIN, LOTHAR C/O ESTEIN & ASSOCIATES USA, LTD. 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819	Name: <u>ESTEIN, LOTHAR</u> c/o Estein & Assoc. USA, LTD. Street Address (P.O. Box Number is Not Acceptable): <u>4705 S. Apopka Vineland Rd</u> <u>Suite 201</u> City: <u>Orlando</u> FL Zip Code: <u>32819</u>
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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 _____
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**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	L06000085976 WELP OPPORTUNITY, L.C. 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	900118316269 02719708--01027--009 **508.75
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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: _____	2/12/08	(407) 909-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #