## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED** Due By May 1, 2006 Apr 20, 2006 08:00 Al Secretary of State DOCUMENT # A0000000333 VINTAGE PROPERTIES XII, LTD. Principal Place of Business Mailing Address 4205 WEST ATLANTIC AVE., SUITE 201 4205 WEST ATLANTIC AVE., SUITE 201 DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 02232006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0993793 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent SUTTIN, EUGENE N DO NOT WRITE 4205 WEST ATLANTIC AVE., SUITE 201 DELRAY BEACH, FL 33445 IN THIS SPACE 5. 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 title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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. GENERAL PARTNER INFORMATION 12. G62002 DOCUMENT # AZA VENTURES INC MAME U00000521489 05/02/06-80139-001 500.00 STREET ADDRESS 4205 WEST ATLANTIC AVENUE, #201 CHY-ST-ZIP DELRAY BEACH, FL 33445 DOCUMENT # SIAME STREET ADDRESS CITY-ST-ZIP BOCHMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # 拍絲狂 STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # MAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 it made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to precute this feport as required by Chapter 620, Florida Statutes

D NAME OF SIGNING GENERAL PARTNER

CHECK

SIGNATURE: