

2002 UNIFORM BUSINESS REPORT (UBR)

0012687 AT

DOCUMENT # **A01000001343**

1. Entity Name

VINTAGE PROPERTIES XV, LTD.

FILED

LI

02 APR 24 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

5725 VINTAGE OAKS CIRCLE
DELRAY BEACH FL 33484

Mailing Address

5725 VINTAGE OAKS CIRCLE
DELRAY BEACH FL 33484

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-1144111

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

COBER CORPORATE AGENTS, INC.
4000 INTERNATIONAL PLACE
100 S.E. SECOND STREET
MIAMI FL 33131

Name

Eugene N. Suttin

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

5752 Vintage Oaks Cr.

City

Delray Beach

FL

Zip Code

33484

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Eugene N. Suttin

4/15/02

DATE

9. Capital Contributions
as Shown on record.

\$1,250,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # K44070
NAME AZA VENTURES III, INC.
STREET ADDRESS 5725 VINTAGE OAKS CIRCLE
CITY-ST-ZIP DELRAY BEACH FL 33484

STREET ADDRESS

CITY-ST-ZIP

300005335423-4

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/02

Date

561-496-7899

Daytime Phone #

CR2E003 (9/01)