

# 2002 UNIFORM BUSINESS REPORT (UBR)

0012697 AT

DOCUMENT # **A01000001343**

1. Entity Name  
**VINTAGE PROPERTIES XV, LTD.**

Principal Place of Business  
**5725 VINTAGE OAKS CIRCLE  
DELRAY BEACH FL 33484**

Mailing Address  
**5725 VINTAGE OAKS CIRCLE  
DELRAY BEACH FL 33484**

FILED

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02 APR 24 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

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 **Eugene N. Suttin** DATE **4/15/02**

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**  
**-04/30/02--01078--008**  
**\*\*\*1052.50 \*\*\*526.25**

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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: **SIGNATURE REQUIRED** DATE **4/15/02** DAYTIME PHONE # **561-496-7899**

CR2E003 (9/01)