

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000001269

1. Entity Name
PROMENADE DEVELOPERS, LTD.



Principal Place of Business
4205 WEST ATLANTIC AVE., SUITE 201
DELRAY BEACH, FL 33445

Mailing Address
4205 WEST ATLANTIC AVE., SUITE 201
DELRAY BEACH, FL 33445



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

22-3873870

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SUTTIN, EUGENE N
4205 WEST ATLANTIC AVE., SUITE 201
DELRAY BEACH, FL 33445

Name

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

City

FL

Zip Code

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

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

DATE

9. Capital Contributions as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 **4205 WEST ATLANTIC AVE., SUITE 201**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

STREET ADDRESS

CITY-ST-ZIP

U00000331269

04/25/05-80008-024 526.25

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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:

Eugene N. Suttin
Eugene N. Suttin

4/11/05

561-496-7899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE