

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 25 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04162007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A02000001269</b> 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 - No P.O. Box # <i>2400 High Ridge Rd.</i> Suite, Apt. #, etc. <i>Suite 102</i>		3. Mailing Address <i>Same</i> Suite, Apt. #, etc.			
• City & State <i>Bonnyton Beach FL 33426</i>		City & State <i>Same</i>		4. FEI Number <b>22-3873870</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  SUTTIN, EUGENE N 4205 WEST ATLANTIC AVE., SUITE 201 DELRAY BEACH, FL 33445			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	K44070		STREET ADDRESS		
NAME	AZA VENTURES III, INC.		CITY - ST - ZIP		
STREET ADDRESS	4205 WEST ATLANTIC AVE., SUITE 201				
CITY - ST - ZIP	DELRAY BEACH, FL 33445				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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CITY - ST - ZIP					
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					
<b>SIGNATURE:</b> <i>Eugene Suttin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <i>4/20/07</i>		Daytime Phone # <i>561-496-7899</i>

STAPLE CHECK HERE