

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 AM 10:01

DOCUMENT # A02000001269 1. Entity Name PROMENADE DEVELOPERS, LTD.					
Principal Place of Business 2400 HIGH RIDGE RD SUITE 102 BOYNTON BEACH, FL 33426			Mailing Address 2400 HIGH RIDGE RD SUITE 102 BOYNTON BEACH, FL 33426		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03102008 Chg-LP CR2E003 (12/06)	
4. FEI Number 22-3873870				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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) (same) Suttin Eugene N. Street Address (P.O. Box Number is Not Acceptable) 2400 High Ridge Rd, Suite 102 City Boynton Beach FL Zip Code 33426		
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>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00					
000122542150 04/08/08--01005--011 **500.00					
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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	K44070		STREET ADDRESS	2400 High Ridge Road, Suite 102	
NAME	AZA VENTURES III, INC.		CITY - ST - ZIP	Boynton Beach, FL 33426	
STREET ADDRESS	4205 WEST ATLANTIC AVE., SUITE 201				
CITY - ST - ZIP	DELRAY BEACH, FL 33445				
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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 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					
SIGNATURE: Eugene Suttin			4/2/08 561-424-9393 (X2)		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE