

2004 LIMITED PARTNERSHIP ANNUAL REPORT
*** Due By September 8, 2004**

DOCUMENT # A02000001677

1. Entity Name
STEEPLECHASE HOMES, LTD.




FILED

2004 JUL 27 P 12:45

SECRETARY OF STATE



05212004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business 4205 West Atlantic Ave Suite, Apt. #, etc. Suite 201		3. Mailing Address 4205 West Atlantic Ave Suite, Apt. #, etc. Suite 201			
City & State Delray Beach, FL		City & State Delray Beach, FL		05212004 Chg-LP CR2E003 (10/03)	
Zip 33445		Zip 33445		4. FEI Number 57-1141049	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				Applied For Not Applicable	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SUTTIN, EUGENE N 5720 VINTAGE PARK DR. DELRAY BEACH, FL 33484		Name	
4205 West Atlantic Ave Suite 201 Delray Beach, FL 33445		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 title (if applicable), Eugene N. Suttin

DATE _____

9. Capital Contributions as Shown on record.	\$250,000.00	10. Amount of Capital Contributions in FLORIDA to date.	
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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 # NAME STREET ADDRESS CITY - ST - ZIP	A99000000298 VINTAGE PROPERTIES XI, LTD. 3752 VINTAGE OAKS DR DELRAY BEACH, FL 33445	STREET ADDRESS CITY - ST - ZIP	4205 West Atlantic Ave, #201 Delray Beach, FL 33445
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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)(f), 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 the report as required by Chapter 620, Florida Statutes

SIGNATURE: By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/22/84

Date _____

41-496-7853

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Eugene Suttin, President of Aza Ventures II, Inc.