

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

**FILED**

2007 APR 30 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04162007 No Chg-LP

CR2E003 (12/06)

4. FEI Number	Applied For
57-1141049	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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**DOCUMENT # A02000001677**

1. Entity Name  
STEEPLECHASE HOMES, LTD.



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

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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**

DOCUMENT #	A99000000298
NAME	VINTAGE PROPERTIES XI, LTD.
STREET ADDRESS	4205 WEST ATLANTIC AVE., #201
CITY-ST-ZIP	DELRAY BEACH, FL 33445

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700101239107  
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**DO NOT WRITE  
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE