2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

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SIGNATURE:

TALLAHASSEE, FLORIDA **DOCUMENT # A05000001247** 1. Entity Name 08 APR 11 AM 10: 01 VINTAGE PROPERTIES XVI, LTD. Mailing Address Principal Place of Business 4205 WEST-ATLANTIC AVENUE; STE. 201 4205 WEST ATLANTIC AVENUE, STE. 201-DELRAY BEACH, FL 33445 DELRAY BEACH, FL-33445 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 240 High Ridge Rol Suite, Apt. #, etc. 2400 Suite, Apt. #, etc. 03102008 CR2E003 (12/06) Chg-LP Suite Suite 102 4. FEI Number Applied For City & State City & State Воч 83-0440776 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA 33426 Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name CORPDIRECT AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 City Zip Code FL 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. 700122542187 04/08/08--01005--012 **50 FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P05000089629 DOCUMENT # STREET ADDRESS NAME AZA XVI, INC. STREET ADDRESS 4205 WEST ATLANTIC AVENUE, STE. 201 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH, FL. 33445 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 a ccurate 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 empoyered to execute this report as required by Chapter 620, Florida Statutes

Eugene N. Suttin

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SECRETARY OF STATE