

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000298

1. Entity Name

VINTAGE PROPERTIES XI, LTD.

FILED

01 APR 23 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5752 VINTAGE OAKS CIRCLE  
DELRAY BEACH FL 33484

Mailing Address  
5752 VINTAGE OAKS CIRCLE  
DELRAY BEACH FL 33484

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0898256

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

COBER CORPORATE AGENTS, INC.  
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR  
MIAMI FL 33133

Name

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$99.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 #	M96362	STREET ADDRESS	
NAME	AZA VENTURES II, INC.	CITY-ST-ZIP	
STREET ADDRESS	5752 VINTAGE OAKS CIRCLE		
CITY-ST-ZIP	DELRAY BEACH FL 33484		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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)(i), 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

4/16/01

Date

561-496-7899

Daytime Phone #