## 2006 LIMITED PARTNERSHIP ANNUAL REPORT FILED Due By May 1, 2006 -Apr 20, 2006 08:00 Al Secretary of State DOCUMENT #A99000000298 VINTAGE PROPERTIES XI, LTD. Principal Place of Business Mailing Address 4205 WEST ATLANTIC AVE., STE 201 4205 WEST ATLANTIC AVE., STE 201 DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 02232006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0898256 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SUTTIN, EUGENE N DO NOT WRITE 4205 WEST ATLANTIC AVE., STE 201 DELRAY BEACH, FL 33445 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, typed or printed name of registered agent and little if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 12. M96362 DOCUMENT # NAME AZA VENTURES II, INC. STREET ADDRESS 4205 WEST ATLANTIC AVE., #201 CITY-ST-ZIP DELRAY BEACH, FL 33445 DOCUMENT# U00000521677 05/02/06-80143-022 500.00 NAME STREET ADDRESS City-ST-ZIP ODCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # MANE STREET ADDRESS City-St-7iP DOCUMENT # NAME STREET ADDRESS

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 adjurate 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:

CHECK

CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/06

501-496-7899

Daytime Phone #