## 2007 LIMITED PARTNERSHIP ANNUAL REPORT FILED **Due By May 1, 2007** DOCUMENT # A99000000298 2007 APR 30 AM 10: 15 VINTAGE PROPERTIES XI, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA 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 04162007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0898256 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SUTTIN, EUGENE N 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 Signature, typed or printed name of registered agent and title if applicable 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. 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 # NAME

9001018532**19** 05/08/07--01040--020 \*\*500.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCHMENT # NAME STREET ADDRESS

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:

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

STREET ADDRESS CITY-ST-7IP