## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

## FILED SECRETARY OF STATE **DOCUMENT # A99000000298** TALLAHASSEE, FLORINA VINTAGE PROPERTIES XI, LTD. OB APRIL AMID: OI 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 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2400 High Ridge Rd. 2400 High Ridge Rel. Suite, Apt. #, etc. Suite, Apt. #, etc. 03102008 Chg-LP CR2E003 (12/06) Suite 102 Suite 102 Applied For 4 EEI Number City & State City & State Bounton Beach 65-0898256 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33426 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUTTIN, EUGENE N Street Address (P.O. Box Number is Not Acceptable) 4205 WEST ATLANTIC AVE., STE 201 DELRAY BEACH, FL 33445 2400 High Ridge Road, ste. 102 Boynton Black, FL 33426 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. 100122542221 04/08/08--01005--013 \*\*500.00 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. M96362 DOCUMENT # STREET ADDRESS AZA VENTURES II, INC. NAME 4205 WEST ATLANTIC AVE., #201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH, FL 39445 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-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 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 faccurate 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 Eugene N. Suttin SIGNATURE: