

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012859 AT

DOCUMENT # A99000000298

1. Entity Name
VINTAGE PROPERTIES XI, LTD.



FILED

03 APR 30 AM 5:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

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

4. FEI Number 65-0898256

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUTTIN, EUGENE N
5752 VINTAGE OAKS CIRCLE
DELRAY BEACH FL 33484

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$99.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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
NAME AZA VENTURES II, INC.
STREET ADDRESS 5752 VINTAGE OAKS CIRCLE
CITY-ST-ZIP DELRAY BEACH FL 33484

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/03

561-496-7899

Date

Daytime Phone #

CR2E003 (10/02)

PLEASE CHECK HERE