FILED
Jun 13, 2005 8:00 am
Secretary of State

04-18-2005 90072 009 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000016113

1. Entity Name
STEEPLECHASE PARTNERS, LLC

Principal Place of Business	Mailing Address
~~5725 VINTAGE OAKS CIR~~	~~5725 VINTAGE OAKS CIR~~
~~DELRAY BEACH, FL 33484~~	~~DELRAY BEACH, FL 33484~~
New address	new address

01252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
4205 W. Atlantic Ave.		4205 W. Atlantic Ave	
Suite, Apt. #, etc.: Suite 201		Suite, Apt. #, etc.: Suite 201	
City & State: Delray Beach, FL		City & State: Delray Beach, FL	
Zip: 33445	Country: U.S.A	Zip: 33445	Country: U.S.A.

4. FEI Number: 51-0499810 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~PENINSULA REGISTERED AGENTS, INC.~~
~~200 S BISCAYNE BLVD, 43RD FLOOR~~
~~MIAMI, FL 33131~~

7. Name and Address of New Registered Agent

Name: Eugene N. Suttin
Street Address (P.O. Box Number is Not Acceptable): 4205 W. Atlantic Ave.
Suite 201
City: Delray Beach FL Zip Code: 33445

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] (General Partner) 4/12/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AZA Ventures VI, Inc. 4205 W. Atlantic Ave, Suite 201 Delray Beach, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Eugene N. Suttin (General Partner) 4/11/05 561-496-7899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #