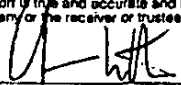


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

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

DOCUMENT # L04000016113					
1. Entity Name STEEPLECHASE PARTNERS, LLC					
Principal Place of Business 5725 VINTAGE OAKS CIR DELRAY BEACH, FL 33484			Mailing Address 5725 VINTAGE OAKS CIR DELRAY BEACH, FL 33484		
<i>New address</i> 2. Principal Place of Business 4205 W. Atlantic Ave.			<i>New address</i> 3. Mailing Address 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.	01252005 Chg-LLC CR2E083 (10/03) 4. FEL Number FL 0499810	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
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 7 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  (General Partner) DATE 4/12/05 By name, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)					
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 II, Inc. ☐ Delete 4205 W. Atlantic Ave, Suite 201 Delray Beach, FL 33445			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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  Eugene N. Suttin (General Partner) DATE 4/11/05 561-496-7899 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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