


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90429 034 \*\*\*150.00

**DOCUMENT # F0600000965**

1. Entity Name  
**BLUEGREEN RECEIVABLES FINANCE CORPORATION XI**



Principal Place of Business 4950 COMMUNICATION AVE SUITE 900 BOCA RATON, FL 33431	Mailing Address 4950 COMMUNICATION AVE SUITE 900 BOCA RATON, FL 33431
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**40090091**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03232007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-4230557</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

See attached sheet.

**10. OFFICERS AND DIRECTORS**

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WALTERMIRE, MARTHA	
STREET ADDRESS	4950 COMMUNICATION AVE SUITE 900	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	AV	<input checked="" type="checkbox"/> Delete
NAME	STEINBECK, RANDY	
STREET ADDRESS	4950 COMMUNICATION AVE SUITE 900	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTIN, JAMES R	
STREET ADDRESS	4950 COMMUNICATION AVE SUITE 900	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	LORENZ, JEFFREU C	
STREET ADDRESS	4950 COMMUNICATION AVE SUITE 900	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERTZ, ALLAN J	
STREET ADDRESS	4950 COMMUNICATION AVE SUITE 900	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PULEO, ANTHONY M	
STREET ADDRESS	4950 COMMUNICATION AVE SUITE 900	
CITY-ST-ZIP	BOCA RATON, FL 33431	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Albert J. Fioravanti	
STREET ADDRESS	48 Wall Street	
CITY-ST-ZIP	New York, New York 10005	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ahmad Wardak	
STREET ADDRESS	4950 Communication Avenue, Suite 900	
CITY-ST-ZIP	Boca Raton, Florida 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Teri Puleo	
STREET ADDRESS	4950 Communication Avenue, Suite 900	
CITY-ST-ZIP	Boca Raton, Florida 33431	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allan J. Herz	
STREET ADDRESS	4950 Communication Avenue, Suite 900	
CITY-ST-ZIP	Boca Raton, Florida 33431	
TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony M. Puleo	
STREET ADDRESS	4950 Communication Avenue, Suite 900	
CITY-ST-ZIP	Boca Raton, Florida 33431	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** James R. Martin **James R. Martin, Secretary** 4-2-07 **561-912-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

48090091

# F06 000000 965

Bluegreen Receivables  
Finance Corporation XI

## Officers:

Allan J. Herz, President  
4950 Communication Avenue, Suite 900  
Boca Raton, Florida 33431

James R. Martin, Secretary  
4950 Communication Avenue, Suite 900  
Boca Raton, Florida 33431

Anthony M. Puleo, Treasurer  
4950 Communication Avenue, Suite 900  
Boca Raton, Florida 33431

Anthony M. Puleo, Vice President  
4950 Communication Avenue, Suite 900  
Boca Raton, Florida 33431

Ahmad Wardak, Vice President  
4950 Communication Avenue, Suite 900  
Boca Raton, Florida 33431

Teri Puleo, Vice President  
4950 Communication Avenue, Suite 900  
Boca Raton, Florida 33431

Martha Waltermire, Vice President  
4950 Communication Avenue, Suite 900  
Boca Raton, Florida 33431

## Directors:

Allan J. Herz  
4950 Communication Avenue, Suite 900  
Boca Raton, Florida 33431

Anthony M. Puleo  
4950 Communication Avenue, Suite 900  
Boca Raton, Florida 33431

Albert Fioravanti  
48 Wall Street  
New York, New York 10005