


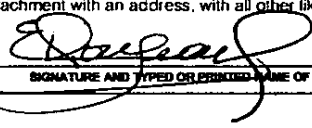


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90064 033 ****70.00

DOCUMENT # 724635 1. Entity Name TOWNSITE APARTMENTS XI, INC.					
Principal Place of Business 610 NORTH H STREET APT 7B LAKE WORTH, FL 33460 US				Mailing Address 610 NORTH H STREET APT 7B LAKE WORTH, FL 33460 US	
2. Principal Place of Business - No P.O. Box # 610 NORTH H ST.		3. Mailing Address 610 NORTH H ST		 02182007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. APT 8B		Suite, Apt. #, etc. APT 8B			
City & State LAKE WORTH, FL		City & State LAKE WORTH, FL			
Zip 33460		Zip 33460			
Country USA		Country USA		4. FEI Number 59-1431321	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GRONDAHL, EDWARD STEVE 610 NORTH H STREET APT 7B LAKE WORTH, FL 33460				7. Name and Address of New Registered Agent Name Rouzeau, Joseph Street Address (P.O. Box Number is Not Acceptable) 610 North H St APT 8B City LAKE WORTH FL Zip Code 33460	
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  JOSEPH E. ROUZEAU FEB 22, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIPPONEN, PENTTI 610 NORTH H ST., APT 1A LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROUZEAU, PIERRE 810 NORTH H ST APT 8B LAKE WORTH, FL 33460	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOFFETT, LINDA 610 N. H ST, APT 2A LAKE WORTH, FL 33460	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRONDAHL, EDWARD STEVE 610 NORTH H ST., APT. 7B LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Khalil, Mahrous 610 North H St APT 4A LAKE WORTH, FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rouzeau, Joseph 610 North H St APT 8B Lake Worth, FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 617, 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:  Joseph Rouzeau FEB 22, 2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					