

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY -1 PM 2:30**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**DOCUMENT # A01000000989**

1. Entity Name  
**FPIP XI, LTD.**



Principal Place of Business  
**401 E. LAS OLAS BLVD., SUITE 1000  
FORT LAUDERDALE, FL 33301**

Mailing Address  
**401 E. LAS OLAS BLVD., SUITE 1000  
FORT LAUDERDALE, FL 33301**



04272006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

**MORGAN, GEORGE A JR.  
401 E. LAS OLAS BLVD., SUITE 1000  
FORT LAUDERDALE, FL 33301**

**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

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

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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 # **L01645**  
NAME **FLORIDA PROPERTY INVESTMENT PARTNERS, INC.**  
STREET ADDRESS **401 E. LAS OLAS BLVD., SUITE 1000**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

STREET ADDRESS

CITY-ST-ZIP

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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 exemptions contained in Chapter 119, 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.

**ROGER GINGERICH, CHIEF FIN. OFFICER OF  
FLORIDA PROPERTY INVESTMENT  
PARTNERS, INC.**

**SIGNATURE:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4-28-06*

Date

*954-522-6010*

Daytime Phone #

STAPLE CHECK HERE