

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED

2007 APR -3 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02072007 Chg-LP CR2E003 (12/06)

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	
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
4. FEI Number APPLIED FOR		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.			
FILE NOW!!! FEE IS \$500.00			
After May 1, 2007, 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	STREET ADDRESS	
NAME	FLORIDA PROPERTY INVESTMENT PARTNERS, INC.	CITY-ST-ZIP	
STREET ADDRESS	401 E. LAS OLAS BLVD., SUITE 1000		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		
DOCUMENT #		STREET ADDRESS	
NAME		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			
SIGNATURE: <u>George A. Morgan Jr.</u>		Date: <u>3-15-07</u> Daytime Phone #: <u>954-582-6010</u>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER			

STAPLE CHECK HERE

[Handwritten signature]

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