
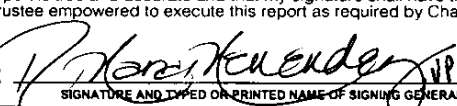


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT # A02000000535</b>					
<b>1. Entity Name</b> G.L. HOMES OF BOYNTON BEACH ASSOCIATES XI, LTD.					
<b>Principal Place of Business</b> 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323			<b>Mailing Address</b> 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>			
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>	<b>4. FEI Number</b> -03-0623802 03-0423802	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> G.L. HOMES OF BOYNTON BEACH XI CORPORATION 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<b>DATE</b> _____	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b> P02000038564	<b>NAME</b> G.L. HOMES OF BOYNTON BEACH XI CORPORATION		<b>STREET ADDRESS</b>	700103703627	
<b>STREET ADDRESS</b> 1600 SAWGRASS CORP PKWY, SUITE 300	<b>CITY-ST-ZIP</b> SUNRISE, FL 33323		<b>CITY-ST-ZIP</b>	06/01/07--01017--021 **508.75	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY-ST-ZIP			<b>STREET ADDRESS</b>		
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<b>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</b>					
<b>SIGNATURE:</b> 			<b>N. MARIA MENDEZ, VICE PRESIDENT</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<b>4/26/07</b>		
			<b>954-753-1730</b>		
			<small>Date Daytime Phone #</small>		

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04202007 Chg-LP CR2E003 (12/06)

STAPLE CHECK HERE

*PM*