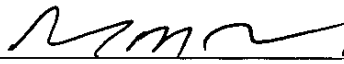


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 8:23

DOCUMENT # A02000000535					
1. Entity Name G.L. HOMES OF BOYNTON BEACH ASSOCIATES XI, LTD.					
Principal Place of Business 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323			Mailing Address 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. Suite 230		Suite, Apt. #, etc. Suite 230			
City & State		City & State		4. FEI Number 03-0523802	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
G.L. HOMES OF BOYNTON BEACH XI CORPORATION 1600 SAWGRASS CORP PKWY, SUITE 300 230 SUNRISE, FL 33323			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 4/27/08	
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 #	P02000038564		STREET ADDRESS	1600 Sawgrass Corp Pkwy, Suite 230	
NAME	G.L. HOMES OF BOYNTON BEACH XI CORPORATION		CITY-ST-ZIP	Sunrise, FL 33323	
STREET ADDRESS	1600 SAWGRASS CORP PKWY, SUITE 300				
CITY-ST-ZIP	SUNRISE, FL 33323				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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: 			RICHARD M. NORWALK		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date 4/29/08		Daytime Phone # (954) 753-1730

STAPLE CHECK HERE