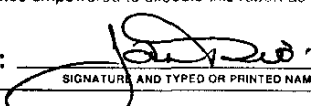


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR 18 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000612 1. Entity Name PIONEER PARTNERS #11, LTD.					
Principal Place of Business 29296 U.S. HIGHWAY 19 NORTH, SUITE 104 CLEARWATER, FL 33761				Mailing Address 29296 U.S. HIGHWAY 19 NORTH, SUITE 104 CLEARWATER, FL 33761	
2. Principal Place of Business 29296 US Hwy 19 NO Suite, Apt. #, etc. SUITE 204 City & State CLEARWATER FL		3. Mailing Address Suite, Apt. #, etc. City & State Zip 33761			
Country Pinellas		Country Zip Country		4. FEI Number 90-0161570	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RIOS, JAN 29296 U.S. HIGHWAY 19 NORTH, SUITE 104 CLEARWATER, FL 33761				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 file if applicable					
9. Capital Contributions as Shown on record. \$12,000.00		10. Amount of Capital Contributions in FLORIDA to date			
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 # NAME STREET ADDRESS CITY-ST-ZIP	J89150 PIONEER TITLE, INC. 29296 U.S. HIGHWAY 19 NORTH, SUITE 104 CLEARWATER, FL 33761		STREET ADDRESS CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			MARCH 14 2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE