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	Mailing Address
29296 U.S. HIGHWAY 19 NORTH, SUITE 104 CLEARWATER, FL 33761	29296 U.S. HIGHWAY 19 NORTH, SUITE 104 CLEARWATER, FL 33761

03142005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
29296 US Hwy 19 NO	
Suite, Apt. #, etc.: SUITE 204	Suite, Apt. #, etc.
City & State: CLEARWATER FL	City & State
Zip: 33761 Country: Pinellas	Zip Country

4. FEI Number: 90-0161570 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIOS, JAN 29296 U.S. HIGHWAY 19 NORTH, SUITE 104 CLEARWATER, FL 33761	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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date
$12,000.00	

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 #	J89150	STREET ADDRESS	
NAME	PIONEER TITLE, INC.	CITY-ST-ZIP	
STREET ADDRESS	29296 U.S. HIGHWAY 19 NORTH, SUITE 104		
CITY-ST-ZIP	CLEARWATER, FL 33761		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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 (727) 787-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #