2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006 DOCUMENT # A0400000612 1. Entity Name PIONEER PARTNERS #11, LTD.

FILED
May 10, 2006 08:00 AM
Secretary of State

Principal Place of Business

CLEARWATER, FL 33761

29296 U.S. HIGHWAY 19 NORTH, SUITE 204

Malling Address

29296 U.S. HIGHWAY 19 NORTH, SUITE 204 CLEARWATER, FL 33761



DO NOT WRITE IN THIS SPACE

04212006 No Chg-LP

CR2E003 (11/05)

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

RIOS, JAN 29296 U.S. HIGHWAY 19 NORTH, SUITE 104 CLEARWATER, FL 33761

DO NOT WRITE IN THIS SPACE

CLEARWATER, FL 33761	IN THIS SPACE
The above named entity submits this statement for the purpose of changing its re the obligations of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	DAIE
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.	00 ITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the	of form; an amendment must be filed to change a general partner.
12. GENERAL PARTNER INFORMATION	
DOCUMENT J89150 NAME PIONEER TITLE, INC. STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33761 DOCUMENT #	000000563776 05/20/06-80027-005 500.00
NAME STREET ADDRESS CTTY-ST-ZIP	
DOCUMENT (NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
DOCUMENT NAME STRIET ADDRESS CITY-ST-ZIP	IN THIS SPACE

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:

STAPLE CHECK HERE

STREET ADDRESS
CITY-ST-ZIP
OCCUMENT (
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/1/06 (727) 78.7 580