CR2E003 (10/02)

FILED

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

DOCUMENT # A30829

1. Entity Name
MIDLAND PROPERTIES LIMITED PARTNERSHIP XI



03 APR -9 PM 4:23 Mailing Address
33 NORTH GARDEN AVENUE. SUITE 1200 Principal Place of Business 33 NORTH GARDEN AVENUE, SUITE 1200 CLEARWATER FL 33755 CLEARWATER FL 33755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number Applied For 59-3051282 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIDLAND FINANCIAL HOLDINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 33 NORTH GARDEN AVENUE, SUITE 1200 **CLEARWATER FL 33755** City 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 Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions \$2,011,200.00 as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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 B97000000440 DOCUMENT # STREET ADDRESS MIDLAND EQUITY II LIMITED PARTNERSHIP NAME 33 NORTH GARDEN AVENUE, SUITE 1200 STREET ADDRESS 000015557130 CITY-ST-ZIP **CLEARWATER FL 33755** CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP M THOMAS DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/25/03 (727)461-480