

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A95000000033

1. Entity Name

NRV/CAB PARTNERS11, LTD.

FILED

02 MAR 11 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Almeria Avenue

Suite, Apt. #, etc.

3. Mailing Address

21 Almeria Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0549832

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Stearns Weaver Miller Weissler, et al

Street Address (P.O. Box Number is Not Acceptable)

c/o Richard E. Schatz

150 West Flagler Street, Suite 2200

City

Miami

FL

Zip Code

33130

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of authorized agent and date (Not Applicable)

2/13/02
DATE

9. Capital Contributions

as Shown on record. \$360,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
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

DOCUMENT #	P93000085405	STREET ADDRESS	
NAME	NRV/CAB Management, Inc.	CITY-ST-ZIP	
STREET ADDRESS	21 Almeria Avenue		
CITY-ST-ZIP	Coral Gables, FL 33134		
DOCUMENT #		STREET ADDRESS	300005108413--2
NAME		CITY-ST-ZIP	-03/14/02--01057--018
STREET ADDRESS			****526.25 ****526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			DO NOT WRITE
CITY-ST-ZIP			IN THIS SPACE
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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 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:

Carl A. Bruggenier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/18/02 205-416-6767
Date Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE