

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

98 FEB 25 AM 11:51

1. Name of Limited Partnership

**1a. DOCUMENT #
A97000002741**

IMPERIAL ENTERPRISES XI, LTD.

Mailing Address

P.O. BOX 2031
ORLANDO FL 32802-2031

Principal Office Address

205 SOUTH EOLA DRIVE
ORLANDO FL 32801

3. Date Formed or Registered

12/15/1997

**5a. Capital Contributions as
Shown on record.**

\$1,000,000.00

3a. Date of Last Report

**5b. Amount of Capital
Contributions in FLORIDA
to date:**

4. State or Country of Formation

FL

2. Mailing Address

205 South Eola Drive

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip 32801 Country Orange

6. FEI Number

☒ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**HARTMAN, JAMES A
205 SOUTH EOLA DRIVE
ORLANDO FL 32801**

10. If changed, new Registered Agent/Office

Name

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

700002448707--9

Suite, Apt. #, etc.

-03/06/98--01003--004

City

*****526.25 ***526.25
FL**

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

IMPERIAL MANAGEMENT ENTERPRI

**11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)**

205 SOUTH EOLA DRIVE

11b. City, State & Zip Code

ORLANDO FL 32801

**11c. Registration/
Document Number**

P97000022059

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

CR2E003 (12/97)