

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001680

1. Entity Name

FOG PARTNERS ELEVEN LIMITED

Principal Place of Business
1745 WEST FLETCHER AVENUE
TAMPA FL 33612

Mailing Address
1745 WEST FLETCHER AVENUE
TAMPA FL 33612-1820

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-2109479

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DIAMANDIS, JOHN T
101 E. KENNEDY BLVD., STE 2000
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name Michael P. Rice

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

1745 W. Fletcher Ave

City Tampa

FL

Zip Code

33612

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

Michael P. Rice

Michael P. Rice

4-17-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$99.00

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 #
NAME FOG GENERAL THREE, INC.
STREET ADDRESS 1745 WEST FLETCHER AVENUE
CITY - ST - ZIP TAMPA FL 33612

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CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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****150.00 ****150.00

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:

Michael P. Rice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-17-00 813-968-6511

Date

Daytime Phone #