

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B93000000439

1. Entity Name

GORDON PROPERTY COMPANY XI, L.P., LTD.

Principal Place of Business

PO BOX 1030  
O'FALLON MO 63366

Mailing Address

23123 SOUTH STATE RD. 7. #301  
BOCA RATON FL 33428-5407

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

65-0438451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, JAMES N

23123 SOUTH STATE ROAD 7

SUITE 301

BOCA RATON FL 33428

Name

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

City

FL

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.

SIGNATURE

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.

\$9,900.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
GORDON, JAMES N  
23123 SOUTH STATE ROAD 7, SUITE 301  
BOCA RATON FL 33428

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
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CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

400003271264-4  
-05/31/00-01014-015  
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06



DO NOT WRITE IN THIS SPACE