

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 20 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04012004 Chg-LP CR2E003 (10/03)

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	
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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GORDON, JAMES N 23123 SOUTH STATE ROAD 7 SUITE 301 BOCA RATON, FL 33428	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$9,900.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	GORDON, JAMES N	STREET ADDRESS	
NAME	23123 SOUTH STATE ROAD 7, SUITE 301	CITY-ST-ZIP	000035819980
STREET ADDRESS	BOCA RATON, FL 33428		05/10/04 01071 005 **158.75
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE