2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/29/2005-90039-022-$50.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
05 SEP 13 AM 10:23

DOCUMENT # L04000006983

1. Entity Name
REIT 11 LLC

Principal Place of Business	Mailing Address
2060 DYAN WAY MAITLAND, FL 32751	P.O. BOX 1746 GOLDENROD, GL 32733-1746

05022005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1515 INTERNATIONAL PARKWAY	SAME AS NEW PRINCIPAL ADDRESS
Suite, Apt. #, etc. SUITE 3035	Suite, Apt. #, etc.
City & State LAKE MARY FL	City & State
Zip 32746	Country U.S.A.
	Zip
	Country

4. FEI Number
20-0645863
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ MGR. 08/026/2005
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR M BERTIZLIAN, BASSEM 2060 DYAN WAY MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BERTIZLIAN, BASSEM 2060 DYAN WAY MAITLAND, FL 32751	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HARRIET A. HOROWITZ 4630 REDMOND PLACE SANFORD, FL 32771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ADAM M. GOLDSTEIN 6545 EVERINGHAM PL. SANFORD, FL 32771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WADE S. ESHELMAN 258 CAMBRIDGE DR. LONGWOOD, FL. 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JAMES H. ESHELMAN 250 BANBURY CT. LONGWOOD, FL. 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 08/026/2005 407-833-2300 X204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #