# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 21, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L04000006983

1. Entity Name
REIT 11 LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1515 INTERNATIONAL PKWY<br>SUITE 3035<br>LAKE MARY, FL 32746 | 1515 INTERNATIONAL PKWY<br>SUITE 3035<br>LAKE MARY, FL 32746 |

04032006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**DO NOT WRITE IN THIS SPACE**

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. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2006**

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

U00000524521
05/03/06-80113-019 50.00

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11. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** _____ 04/04/2006 407-833-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #