

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000006983**

1. Entity Name  
REIT 11 LLC



Principal Place of Business  
1515 INTERNATIONAL PKWY  
SUITE 3035  
LAKE MARY, FL 32746

Mailing Address  
1515 INTERNATIONAL PKWY  
SUITE 3035  
LAKE MARY, FL 32746



04262007 No 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 \_\_\_\_\_

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 May 1, 2007**

**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

U000000743448  
05/15/07-80109-017 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/26/2007 407-833-2300 x204