2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000005594

1. Entity Name
AVISTA PROPERTIES XI, LLC



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

5353 CONROY RD, STE 200 ORLANDO, FL 32811

Mailing Address

5353 CONROY RD, STE 200 ORLANDO, FL 32811



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
59-3597105		Not Applicable
5. Certificate of Status Desired		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

MANAGING MEMBERS/MANAGERS

VALBH, ANIL I 5353 CONROY RD, STE 200 ORLANDO, FL 32811

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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.
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(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

TITLE NAME STREET ADORESS CITY-ST-ZIP	MGR VALBH, ANIL I 5353.CONROY RD, STE 200 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOBALIA, DIPAK 5353 CONROY RD, STE 200 ORLANDO, FL
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	certify that the information supplied with this filling does not qualify for the ex-

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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 impowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER NEMBER OR AUTHORIZED REPRESENTATIVE

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Daytime Phone #