

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000004902**

1. Entity Name  
**BGCG MIT 11, LLC**



Principal Place of Business  
**1923 COCOPLUM WAY  
NAPLES, FL 34105**

Mailing Address  
**1923 COCOPLUM WAY  
NAPLES, FL 34105**



02252004No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2613727**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**OATES, MARC F P.A.  
10001 TAMiami TRAIL NORTH, SUITE 114  
NAPLES, FL 34108**

**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, 2004**

U00000074098  
03/03/04-80004-010 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, BENJAMIN A 1923 COCOPLUM WAY NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, CAROL R 1923 COCOPLUM WAY NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Carol R. Goldman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*2/25/04* *239-643-8271*  
Date Daytime Phone #