2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000004902

1. Entity Name
BGCG MIT 11, LLC

Principal Place of Business	Mailing Address
1923 COCOPLUM WAY NAPLES, FL 34105	1923 COCOPLUM WAY NAPLES, FL 34105

DO NOT WRITE IN THIS SPACE

04102005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
58-2613727	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

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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.

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, 2005

9.   MANAGING MEMBERS/MANAGERS

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

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

TITLE	
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04/16/05-80005-022 50.00

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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: _Benjamin A Goldman_   4/11/05   239 643 8271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #