

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2006 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**

DO NOT WRITE IN THIS SPACE



03202006 No Chg-LLC

CR2E083 (11/05)

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 restatesting)

DATE _____

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

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

100000482518
04/11/06-00077-022 50.00

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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: *Carol R. Goldman*

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

3/22/06 239-643-8271

Date

Daytime Phone #