

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 08:00 A
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



03222007No Chg-LLC

CR2E083 (11/05)

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.
5515 BRYSON DRIVE
SUITE 502
NAPLES, FL 34109

**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 reappointing)

DATE _____

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

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
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04/04/07-80020-024 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: *Benjamin A Goldman*

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

3/23/07

Date

239-643-8271

Daytime Phone #