

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2003 8:00 am**  
**Secretary of State**

09-09-2003 90019 002 \*\*\*\*50.00

**DOCUMENT # L01000004902**

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



Principal Place of Business  
**1220 DEER RUN  
MANSFIELD OH 44906**

Mailing Address  
**1220 DEER RUN  
MANSFIELD OH 44906**

2. Principal Place of Business

**1923 Cocoplum Way**

Suite, Apt. #, etc.

3. Mailing Address

**1923 Cocoplum Way**

Suite, Apt. #, etc.

City & State

**NAPLES, FL**

City & State

**NAPLES, FL**

Zip

**34105**

Country

Zip

**34105**

Country

4. FEI Number **58-2613727**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**\$0.00**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME **GOLDMAN, BENJAMIN A** ☐ Delete  
STREET ADDRESS **1220 DEER RUN**  
CITY-ST-ZIP **MANSFIELD OH 44906**

TITLE  
NAME **GOLDMAN, CAROL R** ☐ Delete  
STREET ADDRESS **1220 DEER RUN**  
CITY-ST-ZIP **MANSFIELD OH 44906**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **GOLDMAN, BENJAMIN A**  
STREET ADDRESS **1923 Cocoplum Way**  
CITY-ST-ZIP **NAPLES, FL 34105**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **GOLDMAN, CAROL R**  
STREET ADDRESS **1923 Cocoplum Way**  
CITY-ST-ZIP **NAPLES, FL 34105**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED** *Carol R. Goldman* **9/5/03** **239-643-8271**

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

Date

Daytime Phone #

CR2E083 (4/03)