

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000004904

1. Entity Name
BGCG MP 30, LLC



Principal Place of Business
1923 COCOPLUM WAY
NAPLES, FL 34105

Mailing Address
1923 COCOPLUM WAY
NAPLES, FL 34105



03162008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3709711

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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000869427
04/03/08-80050-005 138.75

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 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

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

3/18/08

Date

239 643 8271

Daytime Phone #