

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 02, 2004 08:00 AM

Secretary of State

DOCUMENT # L98000000179

1. Entity Name

B.C.G. OF KEY LARGO, L.C.



Principal Place of Business
102250 OVERSEAS HWY
KEY LARGO FL 33037

Mailing Address
102250 OVERSEAS HWY
KEY LARGO FL 33037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0903519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required



MOORE

CR2E083 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUPINO, JAMES S
90130 OLD HIGHWAY
TAVERNIER FL 33070

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME GANIM, DONALD
STREET ADDRESS 102250 OVERSEAS
CITY-ST-ZIP KEY LARGO FL 33037

TITLE ☐ Change ☐ Addition
NAME 000000030442
STREET ADDRESS 02/04/04-80109-022 50.00
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME GANIM, LEE
STREET ADDRESS 102250 OVERSEAS
CITY-ST-ZIP KEY LARGO FL 33037

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

TITLE MGR ☐ Delete
NAME BOILINI, JAMES
STREET ADDRESS 102250 OVERSEAS
CITY-ST-ZIP KEY LARGO FL 33037

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

TITLE MGR ☐ Delete
NAME CIANCIOLO, CAROL
STREET ADDRESS 102250 OVERSEAS
CITY-ST-ZIP KEY LARGO FL 33037

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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)(f), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-29-04

305-451-3337