

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

07-09-2003 90023 008 \*\*\*\*50.00

0011656

**DOCUMENT # L98000000179**

1. Entity Name

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



Principal Place of Business

Mailing Address

99696 OVERSEAS HIGHWAY  
KEY LARGO FL 33037

99696 OVERSEAS HIGHWAY  
KEY LARGO FL 33037

2. Principal Place of Business

102250 Overseas  
Suite, Apt. #, etc.

3. Mailing Address

102250 Overseas Hwy.  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Key Largo FL

City & State

Key Largo FL

4. FEI Number 65-0903519

Applied For

Not Applicable

Zip 33037

Country USA

Zip 33037

Country USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LUPINO, JAMES S  
90130 OLD HIGHWAY  
TAVERNIER FL 33070

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

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

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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:

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

7-7-03

305-401-3337

Date

Daytime Phone #

CR2E083 (4/03)