


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90165 015 \*\*\*\*\*50.00

<b>DOCUMENT # M00000002386</b>		
1. Entity Name <b>BOCA GRANDE PGMJK I, LLC</b>		
Principal Place of Business <b>PO BOX 620527 MIDDLETON WI 53562</b>		Mailing Address <b>PO BOX 620527 MIDDLETON WI 53562</b>
2. Principal Place of Business <b>P.O. Box 620527</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 620527</b> Suite, Apt. #, etc.	
City & State <b>Middleton, WI</b> Zip <b>53562</b> Country <b>U.S.A.</b>	City & State <b>Middleton, WI</b> Zip <b>53562</b> Country <b>U.S.A.</b>	



MOORE CR2E083 (11/03)

4. FEI Number <b>39-2008873</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>KESSEL, PHILIP G 5700 GULF SHORE DRIVE, #322 BOCA GRANDE FL 33921</b>		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>		

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KESSEL, PHILIP G PO BOX 620527 MIDDLETON WI 53562</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Philip G. Kessel Philip G. Kessel MGRM 1-27-04 (608) 845-3990**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #