

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90153 032 \*\*\*\*55.00

**DOCUMENT # M00000002386**

1. Entity Name

BOCA GRANDE PGMJK I, LLC



Principal Place of Business

PO BOX 620527  
MIDDLETON WI 53562  
US

Mailing Address

PO BOX 620527  
MIDDLETON WI 53562  
US

2. Principal Place of Business

P.O. Box 620527

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 620527

Suite, Apt. #, etc.

City & State

Middleton, WI

Zip 53562

Country U.S.A.

City & State

Middleton, WI

Zip 53562

Country U.S.A.

4. FEI Number

39-2008873

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KESSEL, PHILIP G  
5700 GULF SHORE DRIVE, #322  
BOCA GRANDE FL 33921

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 May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM  
NAME KESSEL, PHILIP G  
STREET ADDRESS PO BOX 620527  
CITY - ST - ZIP MIDDLETON WI 53562

☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
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☐ 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: Philip G. Kessel Philip G. Kessel MGRM 1-24-05 (608)845-3990

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

Date

Daytime Phone #