

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90048 018 ****50.00

DOCUMENT # M00000002386

1. Entity Name

BOCA GRANDE PGMJK I, LLC



Principal Place of Business

**4721 COUNTY TRUNK M
MIDDLETON WI 53562**

Mailing Address

**4721 COUNTY TRUNK M
MIDDLETON WI 53562**

20007233



☒ CHECK HERE IF MAKING CHANGES

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

City & State

Middleton, WI

4. FEI Number

39-2008873

Applied For

Not Applicable

Zip

53562

Country

U.S.A.

Zip

53562

Country

U.S.A.

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, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KESSEL, PHILIP G
4721 COUNTY TRUNK M
MIDDLETON WI 53562** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
P.O. Box 620527

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

CR2E083 (10/02)

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 MGRM 1-8-03 (608)845-3990

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

Date

Daytime Phone #