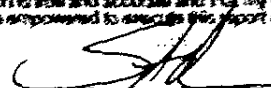


FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A19199				Secretary of State	
1. Entity Name LARGO/BORDEAUX ASSOCIATES, LTD.					
Principal Place of Business 41 W-65 SERVICE ROAD, N 3RD FLOOR - COLONIAL BANK CENTRE MOBILE, AL 36608		Mailing Address P.O. BOX 160306 MOBILE, AL 36616			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 63-0893644	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPUS, JOSEPH J III 3298 SUMMIT BLVD #18 PENSACOLA, FL 32503-4350				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 _____ DATE _____					
9. Capital Contributions as Shown on record. \$1,950,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	GP9800001084 MITCHELL EQUITIES 3298 SUMMIT BLVD #18 PENSACOLA, FL 325034350	STREET ADDRESS	U00000367356 05/16/95 98933-007 525.25		
CITY - ST - ZIP	PENSACOLA, FL 325034350	CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS			
NAME		CITY - ST - ZIP			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS			
NAME		CITY - ST - ZIP			
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DOCUMENT #		STREET ADDRESS			
NAME		CITY - ST - ZIP			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 715.07(3)(g), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: 		429-05			