


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0060554

**DOCUMENT # L02000015924**

1. Entity Name  
**LARGO INVESTMENTS & ASSOCIATES, L.L.C.**



Principal Place of Business: **9277 ELM CIRCLE SEMINOLE FL 33776**  
Mailing Address: **9277 ELM CIRCLE SEMINOLE FL 33776**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: \_\_\_\_\_ Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$5.00 Additional Fee Required**

**FILED**  
03 FEB 26 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

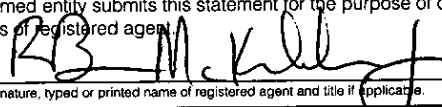


CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**MCKIBBEN, R. BRUCE JR.  
1301 MICCOSUKEE RD.  
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): **1435 E. PIEDMONT DR. SUITE 214**  
City: **TALLAHASSEE**  
City: \_\_\_\_\_ State: **FL** Zip Code: **32308**

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: **2-25-03**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

300013550249  
05/03--01058--013 \*\*50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RUSSELL, TERRY 9277 ELM CIRCLE SEMINOLE FL 33776</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	<b>MGR KELSEY, WILLIAM 308 COTTONWOOD BEND CLEVELAND TN 37312</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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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

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:  DATE: **2/7/03** Daytime Phone #: **727/391-9986**

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

CR2E083 (10/02)