2006 LIMITED LIABILITY COMPANY

STREET ADDRESS COY-ST-ZIP TITLE NAME STREET ADDRESS DTY-ST-7/P

FILED **ANNUAL REPORT** Jan 31, 2006 08:00 AM DGCUMENT # L04000043604 **Secretary of State** t. Entity Name LARGO ESTATES LLC Principal Place of Business Maifing Address 16 BROOKSIDE DRIVE 16 BROOKSIDE DRIVE FALMOUTH, ME 04105 FALMOUTH, ME 04105 01252008 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-1254781 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Polansky, mitchell s esq DO NOT WRITE 2665 SOUTH BAYSHORE DRIVE, STE. 703 MIAMI, FL 33133 IN THIS SPACE 6. 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 the it applicable. (NOTE. Registered Agent signature required when retraining) DATE Filing Fee is \$50.00 Due by May 1, 2008 MANAGING MEMBERS/MANAGERS 8. MGR DDE RILEY, ED MANE STREET ADDRESS 16 BROOKSIDE DRIVE 02/10/06-8000**9-008** 55.80 CRY-ST-ZP FALMOUTH, ME 04105 MGR TATLE RILEY, MICHELE E NAME STREET ADDRESS 18 BROOKSIDE DRIVE CITY-ST-202 FALMOUTH, ME 04105 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP NT S IN THIS SPACE NASSE STREET ADDRESS CHY-ST-ZIP TITLE HAME

11. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, 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 cath; that I am a managing member or manager of the limited liability company or the receiver or trustee improved to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MANAGING MEMBER, OR AUTHORIZED REPRESENTAT