


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000058873**

1. Entity Name  
**LARGO REAL ESTATE HOLDINGS, LLC**



Principal Place of Business 16224 IVY LAKE DRIVE ODESSA, FL 33556	Mailing Address 16224 IVY LAKE DRIVE ODESSA, FL 33556
---	---

**DO NOT WRITE IN THIS SPACE**



01172008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5032997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, LARRY  
 16224 IVY LAKE DRIVE  
 ODESSA, FL 33556

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000799846  
 01/30/08-80085-006 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, LARRY 16224 IVY LAKE DRIVE ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TANEJA, MIHIR K 371 CHANNELSIDE WALKWAY, APT 1601 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TANEJA, JUGAL K 7270 SAWGRASS POINT DRIVE PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]* Date: 1/24/08 Daytime Phone #: 727-547-2328

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