

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A06000001537**

1. Entity Name  
**LARGO COMMERCE GP, LP**



**FILED**  
**07 JUN -1 AM 9:42**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**8000 TOWERS CRESCENT DRIVE, #825**  
**VIENNA, VA 22182**

Mailing Address  
**8000 TOWERS CRESCENT DRIVE, #825**  
**VIENNA, VA 22182**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302007 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number

**59-3615757**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCNAMARA, THOMAS P**  
**2907 BAY TO BAY BLVD., SUITE 201**  
**TAMPA, FL 33629**

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.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 # **L06000121205**  
 NAME **LARGO COMMERCE GP 2007, LLC**  
 STREET ADDRESS **8000 TOWERS CRESCENT DRIVE, #825**  
 CITY-ST-ZIP **VIENNA, VA 22182**

STREET ADDRESS

CITY-ST-ZIP

**700104218767**  
**06/11/07--01032--017 \*\*500.00**

DOCUMENT #  
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 CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**ROBERT FRANSEN**

**04/30/07**

**(703) 506-1000**

Date

Daytime Phone #

STAPLE CHECK HERE