


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A19199	
1. Entity Name LARGO/BORDEAUX ASSOCIATES, LTD.	

Principal Place of Business 41 W I-65 SERVICE ROAD, N 3RD FLOOR - COLONIAL BANK CENTRE MOBILE, AL 36608	Mailing Address P.O. BOX 160306 MOBILE, AL 36616
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01212004 Chg-LP CR2E003 (10/03)

4. FEI Number 63-0893644		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAMPUS, JOSEPH J III 3298 SUMMIT BLVD #18 PENSACOLA, FL 32503-4350		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 *Joseph J. Campus* DATE 4-29-04

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record \$1,950,000.00	10. Amount of Capital Contributions in FLORIDA to date \$1,950,000.00
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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 # GP9800001084	NAME MITCHELL EQUITIES	STREET ADDRESS	
STREET ADDRESS 3298 SUMMIT BLVD #18		CITY-ST-ZIP	
CITY-ST-ZIP PENSACOLA, FL 325034350			
DOCUMENT #	NAME	STREET ADDRESS	
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05/07/04-80028-026 526.25

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

SIGNATURE: *Joseph J. Campus* DATE 4-29-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE