

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A19199

1. Entity Name  
LARGO/BORDEAUX ASSOCIATES, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR 18 PM 2:51

Principal Place of Business  
41 N BELTLINE HWY  
3RD FLOOR, COLONIAL BANK CENTRE  
MOBILE AL 36608

Mailing Address  
P.O. BOX 160306  
MOBILE AL 36616

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

41 W I-65 Service Road, N

DUE BY MAY 1, 2003

City & State  
3rd Floor - Colonial Bank Centre

City & State

4. FEI Number 63-0893644

Applied For

Not Applicable

Zip  
Mobile, AL 36608

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

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

4/14/03  
DATE

9. Capital Contributions  
as Shown on record. \$1,950,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. 1,950,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 3298 SUMMIT BLVD #18  
CITY-ST-ZIP PENSACOLA FL 32503-4350

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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 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 III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/03

Date

Daytime Phone #

CR2E003 (10/02)

0020277 MB