

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90579 035 \*\*\*\*50.00

DOCUMENT # LOOQOQ0014026  
1. Entity Name  
LARGO, FL REALTY LLC

**§ 57360**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>485 MADISON AVE</u> Suite, Apt. #, etc. <u>24TH FLOOR</u> City & State <u>NEW YORK, NY</u> Zip <u>10022</u> Country <u>USA</u>		3. Mailing Address <u>SAME</u> Suite, Apt. #, etc.  City & State  Zip  Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <u>13-4144786</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <u>CORPORATION SERVICE COMPANY</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1201 HAYES STREET</u>
City <u>TALLAHASSEE</u> <u>FL</u> Zip Code <u>32301</u>

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.

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

DATE \_\_\_\_\_

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>RONALD J. DEHL</u> <u>485 MADISON AVE</u> <u>NEW YORK, NY 10022</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT, RONALD J. DEHL</u> <u>FLM REALTY CORP</u> <u>485 MADISON AVENUE</u> <u>NEW YORK, NY 10022</u>
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11. 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/02

212-753-4570

Date

Daytime Phone #

CR2E083B (12/01)