

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90193 013 \*\*\*\*50.00

**DOCUMENT # L00000014026**

1. Entity Name  
LARGO, FL REALTY LLC



Principal Place of Business  
485 MADISON AVE., 24TH FLOOR  
NEW YORK CITY, NY 10022

Mailing Address  
485 MADISON AVE., 24TH FLOOR  
NEW YORK CITY, NY 10022



01062004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4144786

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

|                |   |
|----------------|---|
| TITLE          | P   |
| NAME           | OEHL, RONALD J                              |
| STREET ADDRESS | 485 MADISON AVE., 24TH FLOOR                |
| CITY-ST-ZIP    | NEW YORK CITY, NY 10022                     |
| TITLE          | MGRM  |
| NAME           | <del>TLM REALTY CORP</del> TLM REALTY CORP. |
| STREET ADDRESS | 485 MADISON AVE., 24TH FLOOR                |
| CITY-ST-ZIP    | NEW YORK CITY, NY 10022                     |
| 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 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, OR AUTHORIZED REPRESENTATIVE

2/6/04

Date

212-753-4570

Daytime Phone #