


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90035 006 ****50.00

DOCUMENT # L00000014026 1. Entity Name LARGO, FL REALTY LLC	
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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
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DO NOT WRITE IN THIS SPACE



02162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4144786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OEHL, RONALD J 485 MADISON AVE., 24TH FLOOR NEW YORK CITY, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TLM REALTY CORP. 485 MADISON AVE., 24TH FLOOR NEW YORK CITY, NY 10022
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**DO NOT WRITE
IN THIS SPACE**

11. 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 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.

By: *TLM Realty Corp, Man. Member*
SIGNATURE: *[Signature]* **President** *4/20/06 212-753-4570*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #