

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0000128

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P OEHL**  
**OEHL, RONALD J**  
**485 MADISON AVE., 24TH FLOOR**  
**NEW YORK CITY NY 10022**

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**MGRM**  
**TIM REALTY CORP**  
**485 MADISON AVE., 24TH FLOOR**  
**NEW YORK NY 10022**

☐ Change ☒ Addition

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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

Date

Daytime Phone #

1/21/03 212-753-4570

☐ CHECK HERE IF MAKING CHANGES

**FILED**  
03 JAN 30 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E083 (10/02)