

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 29 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007799

1. Entity Name
LARGO COMMERCE GP, LLC

Principal Place of Business
15436 NORTH FLORIDA AVENUE, SUITE 101
TAMPA FL 33613

Mailing Address
15436 NORTH FLORIDA AVENUE, SUITE 101
TAMPA FL 33613-1225



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3615757

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYERS, W. PARKINSON
15436 NORTH FLORIDA AVENUE, SUITE 101
TAMPA FL 33613

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.

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 Department of State

200003249762--8
-05/12/00--01015--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME
MGR MYERS, W. PARKINSON
STREET ADDRESS
15436 NORTH FLORIDA AVENUE, SUITE 101
CITY - ST - ZIP
TAMPA FL 33613

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
MGR FRANSEN, VICTOR R
STREET ADDRESS
8221 OLD COURTHOUSE ROAD SUITE 204
CITY - ST - ZIP
VIENNA VA 22182

TITLE NAME
STREET ADDRESS
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CITY - ST - ZIP

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 MANAGER

VICTOR R. FRANSEN 4/24/00 (703)506-1006

Date

Daytime Phone #

CP2E003 (9/99)