

2001 UNIFORM BUSINESS REPORT (UBR)

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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3615757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MYERS, W. PARKINSON

**15436 NORTH FLORIDA AVENUE, SUITE 101
TAMPA FL 33613**

7. Name and Address of New Registered Agent

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**

**300004334749--2
-05/30/01--01089--006
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **CORO INVESTMENTS LLC**
STREET ADDRESS **8221 OLD COURTHOUSE ROAD, SUITE 204**
CITY-ST-ZIP **VIENNA, VA 22182**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **VICTOR R. FRANSEN**

MANAGER

CORO INVESTMENTS LLC 4/26/01 (703) 506-1006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

501100