2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000040856

1. Entity Name

KIMCO LARGO 196, INC.

Principal Place of Business	Mailing Address
3333 NEW HYDE PARK RD SUITE 100 NEW HYDE PARK NY 11042	KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PARK NY 11042

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0419586 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOPER, MILTON 3333 NEW HYDE PK. RD. 100 NEW HYDE PK NY 11042	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00000502357 04/25/06-80101-009 150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FLYNN, MIKE 3333 NEW HYDE PARK RD., P.O BOX 5020 NEW HYDE PK NY 11042	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PAPPAGALLO, MIKE 3333 NEW HYDE PK RD. NEW HYDE PARK NY 11042	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COHEN, GLENN 3333 NEW HYDE PARK RD, P.O. BOX 5020 NEW HYDE PK NY 11042	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHINDLER, MICHAEL 3333 NEW HYDE PK. RD. 100 NEW HYDE PK NY 11042	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MM 3-17-06 516-869-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR