

2001 UNIFORM BUSINESS REPORT (UBR)

000151 AF

DOCUMENT # A00000000193

1. Entity Name
LIBERTY OLDSMAR, LTD.

Principal Place of Business: **310 WEST CENTRAL PARKWAY, SUITE 7000 ALTAMONTE SPRINGS FL 32714**
Mailing Address: **310 WEST CENTRAL PARKWAY, SUITE 7000 ALTAMONTE SPRINGS FL 32714**

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

Zip Country Zip Country

4. FEI Number: **59-3620897** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

**MIKKELSON, W. MICHAEL
310 WEST CENTRAL PARKWAY, SUITE 7000
ALTAMONTE SPRINGS FL 32714**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$33,109.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P99000108604
NAME	LIBERTY OLDSMAR, INC.
STREET ADDRESS	310 WEST CENTRAL PARKWAY, SUITE 7000
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	6000003818206--3
CITY-ST-ZIP	-03/08/01--01022--003 ***320.52 ***320.52
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Michael Mikkelson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 1/9/01 Daytime Phone #: 407-774-8818

FILED
01 MAR -5 PM 1:09
SECRETARY OF STATE
FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)

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