

2002 UNIFORM BUSINESS REPORT (UBR)

0007587 AT

DOCUMENT # A00000000193

1. Entity Name
LIBERTY OLDSMAR, LTD.

FILED
02 APR 29 PM 5:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DUE BY MAY 1, 2002

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

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	
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NAME	
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CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700005493527--8
CITY-ST-ZIP	-05/09/02--01021--004
	***320.52 ***320.52
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

Handwritten notes: 231.77 BK, 88.75, WMSOAP

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* Date: 1-15-2 Daytime Phone #: 407-774-8818

CR2E003 (9/01)

STAPLE CHECK HERE