

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**


FILED

04 FEB 12 AM 9:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED

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: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



01152004 Chg-LP CR2E003 (10/03) *2/12*

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. 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.

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

10. Amount of Capital Contributions in FLORIDA to date. **320.52**

**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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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	500029740175
STREET ADDRESS	03/03/04 01005--001 **320.52
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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

Date: **1-27-04** Daytime Phone #: **407-774-8818**