


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007700 AT

|  |   |
|--|---|
| <b>DOCUMENT #</b> A00000000193<br><b>1. Entity Name</b><br>LIBERTY OLDSMAR, LTD. |  |
|--|---|

FILED

2003 MAY -6 AM 10:06

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



|  |  |
|--|--|
| <b>Principal Place of Business</b><br>310 WEST CENTRAL PARKWAY, SUITE 7000<br>ALTAMONTE SPRINGS FL 32714 | <b>Mailing Address</b><br>310 WEST CENTRAL PARKWAY, SUITE 7000<br>ALTAMONTE SPRINGS FL 32714 |
|--|--|

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

**DUE BY MAY 1, 2003**

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b>                                      | <b>7. Name and Address of New Registered Agent</b>                 |
| MIKKELSON, W. MICHAEL<br>310 WEST CENTRAL PARKWAY, SUITE 7000<br>ALTAMONTE SPRINGS FL 32714 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |
|   | State: <b>FL</b> 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.

|  |  |  |
|--|--|--|
| <b>9. Capital Contributions as Shown on record.</b> <b>\$33,109.00</b> | <b>10. Amount of Capital Contributions in FLORIDA to date.</b> | <b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b> |
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**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   | 13. ADDRESS CHANGES ONLY                       |              |      |                       |                |                                      |             |                            |   |                |  |             |  |
|---|--|--------------|------|-----------------------|----------------|--------------------------------------|-------------|----------------------------|---|----------------|--|-------------|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;">DOCUMENT #</td><td>P99000108604</td></tr> <tr><td>NAME</td><td>LIBERTY OLDSMAR, INC.</td></tr> <tr><td>STREET ADDRESS</td><td>310 WEST CENTRAL PARKWAY, SUITE 7000</td></tr> <tr><td>CITY-ST-ZIP</td><td>ALTAMONTE SPRINGS FL 32714</td></tr> </table> | DOCUMENT #                                     | P99000108604 | NAME | LIBERTY OLDSMAR, INC. | STREET ADDRESS | 310 WEST CENTRAL PARKWAY, SUITE 7000 | CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td style="text-align: center;">9700018297549<br/>05/06/03--01063--022 **320.52</td></tr> </table> | STREET ADDRESS |  | CITY-ST-ZIP | 9700018297549<br>05/06/03--01063--022 **320.52 |
| DOCUMENT #  | P99000108604                                   |              |      |                       |                |                                      |             |                            |   |                |  |             |  |
| NAME  | LIBERTY OLDSMAR, INC.                          |              |      |                       |                |                                      |             |                            |   |                |  |             |  |
| STREET ADDRESS  | 310 WEST CENTRAL PARKWAY, SUITE 7000           |              |      |                       |                |                                      |             |                            |   |                |  |             |  |
| CITY-ST-ZIP   | ALTAMONTE SPRINGS FL 32714                     |              |      |                       |                |                                      |             |                            |   |                |  |             |  |
| STREET ADDRESS  |  |              |      |                       |                |                                      |             |                            |   |                |  |             |  |
| CITY-ST-ZIP   | 9700018297549<br>05/06/03--01063--022 **320.52 |              |      |                       |                |                                      |             |                            |   |                |  |             |  |
| DOCUMENT #  |  |              |      |                       |                |                                      |             |                            |   |                |  |             |  |
| NAME  |  |              |      |                       |                |                                      |             |                            |   |                |  |             |  |
| STREET ADDRESS  |  |              |      |                       |                |                                      |             |                            |   |                |  |             |  |
| CITY-ST-ZIP   |  |              |      |                       |                |                                      |             |                            |   |                |  |             |  |
| DOCUMENT #  |  |              |      |                       |                |                                      |             |                            |   |                |  |             |  |
| NAME  |  |              |      |                       |                |                                      |             |                            |   |                |  |             |  |
| STREET ADDRESS  |  |              |      |                       |                |                                      |             |                            |   |                |  |             |  |
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| DOCUMENT #  |  |              |      |                       |                |                                      |             |                            |   |                |  |             |  |
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| STREET ADDRESS  |  |              |      |                       |                |                                      |             |                            |   |                |  |             |  |
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| 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:** W. Michael Mikkelson 2/28/3 407-774-8818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)