


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED**

**06 MAY -1 PM 12: 35**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT # A00000000910</b>	
1. Entity Name LIBERTY COLONIAL TOWN, LTD.	

Principal Place of Business <del>310 WEST CENTRAL PARKWAY SUITE 7000 ALTAMONTE SPRINGS, FL 32714</del>	Mailing Address <del>310 WEST CENTRAL PARKWAY SUITE 7000 ALTAMONTE SPRINGS, FL 32714</del>
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2. Principal Place of Business 2200 LUCIEN WAY, STE 410 MAITLAND FL 32751	3. Mailing Address 2200 LUCIEN WAY, STE 410 MAITLAND FL 32751
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04282006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3649617	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> MIKKELSON, WM. MICHAEL <del>310 WEST CENTRAL PARKWAY SUITE 7000 ALTAMONTE SPRINGS, FL 32714</del>	<b>7. Name and Address of New Registered Agent</b> Name 2200 LUCIEN WAY, STE 410 MAITLAND FL 32751 City <b>FL</b> Zip Code
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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.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P00000054137 LIBERTY COLONIAL TOWN, INC. <del>310 WEST CENTRAL PARKWAY SUITE 7000 ALTAMONTE SPRINGS, FL 32714</del>	STREET ADDRESS CITY-ST-ZIP	2200 LUCIEN WAY, STE 410 MAITLAND FL 32751
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**800075017218  
05/22/06--01017--028 \*\*500.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/28/06 407-774-8818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE