


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # A0000000910 1. Entity Name LIBERTY COLONIAL TOWN, LTD.	
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Principal Place of Business 2200 LUCIEN WAY, SUITE 410 MAITLAND, FL 32751	Mailing Address 2200 LUCIEN WAY, SUITE 410 MAITLAND, FL 32751
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DO NOT WRITE IN THIS SPACE



04252007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3649617	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MIKKELSON, WM. MICHAEL
 2200 LUCIEN WAY, SUITE 410
 MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

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, 2007, 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	
DOCUMENT #	P00000054137
NAME	LIBERTY COLONIAL TOWN, INC.
STREET ADDRESS	2200 LUCIEN WAY, SUITE 410
CITY-ST-ZIP	MAITLAND, FL 32751
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000747616
 05/17/07-80032-021 500.00

STAPLE CHECK HERE

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* Date: 4-26-07 Daytime Phone #: 407-774-8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER