

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 17 AM 10:22

DOCUMENT # A05000000497 1. Entity Name LIBERTY AIPO LIMITED PARTNERSHIP	
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Principal Place of Business 800 CHESTERFIELD PARKWAY MALVERN, PA 19355	Mailing Address 800 CHESTERFIELD PARKWAY MALVERN, PA 19355
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2. Principal Place of Business 500 Chesterfield Parkway Suite, Apt. #, etc.	3. Mailing Address 500 Chesterfield Parkway Suite, Apt. #, etc.
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City & State Malvern, PA	City & State Malvern, PA
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Zip 19355	Country USA	Zip 19355	Country USA
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 20-2416303	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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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 _____ Signature, typed or printed name of registered agent and title if applicable.	DATE _____
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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 # D05000000008 NAME LIBERTY SPECIAL PURPOSE TRUST STREET ADDRESS 500 CHESTERFIELD PARKWAY CITY-ST-ZIP MALVERN, PA 19355	STREET ADDRESS 300069070803 CITY-ST-ZIP 03/30/06--01067--010 **500.00
DOCUMENT # L05000019211 NAME AIPO GO, LLC STREET ADDRESS 255 S. ORANGE AVENUE, SUITE 1500 CITY-ST-ZIP ORLANDO, FL 32801	STREET ADDRESS CITY-ST-ZIP
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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
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By: Liberty Special Purpose Trust, General Partner

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER James J. Bowes Secretary	Date 1-20-06	Daytime Phone # 610-648-1700
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STAPLE CHECK HERE