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

Malifory Address  Malifory Address  SOC CHESTERFIELD PARKWAY MALVERN, PA 19355  2. Principal Place of Business  SOC Chesterfiel Parkway  Suite, Apt. #, etc.  Display State Malvern, PA  Suite, Apt. #, etc.  Display State Malvern, PA  Suite, Apt. #, etc.  Display State Malvern, PA  Lip Lip Lip Lip Lip Lip Lip Lip Lip Li	DOCUMENT # A0500000497  1. Entity Name LIBERTY AIPO LIMITED PARTNERSHIP						SECRETARY OF STATE DIVISION OF CORPORATIONS 06 MAR 17 AM 10: 22			
SOD CRESTETIELA POR KWON, SOU CRESTETICLA TORKUNDY  Suite, April R. 100.  City & State  Malvern, PA  Country 19355  Country 19355  S. Cardicate of Satus Desired  S. Country 19355  S. Cardicate of Satus Desired  S. Country 1201 HAYS STREET  CORPORATION SERVICE COMPANY 1201 HAYS STREET  TALLAHASSEE, FL 32301-2525  City  Street Address of Port Street  Street Address of Port Street  Street Address of Port Street  City  FL Zip Code  S. The shown named entry submiss this statement for the purpose of changing its registered different agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, the street of the purpose of changing its registered different agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, the street of the purpose of changing its registered different agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the commission of registered agent, or both, in the State of Fords. I am familiar with, and accept the commission of registered agent, or both, in the State of Fords. I am familiar with, and accept the state of Fords. I am familiar with, and accept the stat	800 CHESTEI MALVERN, PA	RFIELD PAR A 19355	KWAY	800 CHESTERFIELD						
MALVEYN PA MALVEYN PA Son Applicable  To County LSA County 19.355 USA S. Certificate of Status Desired See Seguind  8. Name and Address of Current Registered Agent  To Name and Address of New Registere	500 Ch	esterf	ield Parku	ay 500 Chester	Parkway	-				
Pass   County   County   County   County   County   County   S. Certificate of Status Desired   \$8.75 Additional Fee Required   Corporation   Service   Corporation   Street Address of Now Registered Agent   Street Address of Now			A	1	PA		4. FEI Number 20-24/6303		<del></del>	
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	5	19355	Cour		<u></u>	□ Fe	e Required		
CORPORATION SERVICE COMPANY 1201 HAVS STREET TALLAHASSEE, FL 32301-2525  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 Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of FLORIDS of Transportations of Florids.  SIGNATURE  S		b. Name	and Address of Cur	rent Registered Agent	· · · · · · · · · · · · · · · · · · ·					
TALLAHASSEE, FL 32301-2525    City   FL   Zip Code	CORPORA	ATION SE	RVICE COMPAN	Υ						
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  SIGNATURE  Signature, hone or primer name or registered agent and the it repoletable.  DATE  LEE NOWILL FEE IS \$500.00  AFEL NOWILL FEE IS \$500.00  ACENERAL 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 filled to change a general partner.  12. DODOMENT J. DOSO00000008  MARK LIBERTY SPECIAL PURPOSE TRUST  SIRET ADDRESS ONLY  DOSO00000000  SIRET ADDRESS ONLY  DOSO000000000  ANALVERN, PA 19355  DOSO000019211  SIRET ADDRESS  DOSO000019211  NAME AIPO GO, LLC  SIRET ADDRESS  CITY-S1-2P  DOCOMENT J. MARK SIRET ADDRESS  CITY-S1-2P	1	<b>\</b>					Street Address (P.O. Box Number is Not Acceptable)			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    SIGNATURE	IALLAHAS	55EE, FL	32301-2323					•		
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 Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or printed represent agent and lift it explicable.						City			Zip Code	
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Supresses to present any of special agent and this lagsteable.  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 LIBERTY SPECIAL PURPOSE TRUST SITER ADDRESS 500 CHESTERFIELD PARKWAY CITY-SI-2P U37-307/050110670110 ***S-010.00  CITY-SI-2P U37-307/050110670110 ***S-0100688  CITY-SI-2P U37-307/050110670110 ***S-0100688  CITY-SI-2P U37-307/05011067011				introl the purpose of changing	rits register	red office of register	red agent, or both, in the state of Fit	nica, ramiai	muai wim, and accept	
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