

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


**FILED**

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

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**DOCUMENT # A05000002014**

1. Entity Name  
LIBERTY DR. PHILLIPS, LLLP




Principal Place of Business      Mailing Address

~~310 WEST CENTRAL PARKWAY STE 7000  
ALTAMONTE SPRINGS, FL 32714~~      ~~310 WEST CENTRAL PARKWAY STE 7000  
ALTAMONTE SPRINGS, FL 32714~~

2. Principal Place of Business      3. Mailing Address

2200 LUCIEN WAY, STE 410  
MAITLAND FL 32751      2200 LUCIEN WAY, STE 410  
MAITLAND FL 32751

City or State      Zip      Country      Zip      Country



04282006      Chg-LP      CR2E003 (11/05)

4. FEI Number      Applied For

20-3732080      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIBERTY DR. PHILLIPS, INC.  
~~310 WEST CENTRAL PARKWAY STE 7000  
ALTAMONTE SPRINGS, FL 32714~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2200 LUCIEN WAY, STE 410  
MAITLAND FL 32751

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 \_\_\_\_\_ 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 #	P01000085883	STREET ADDRESS	2200 LUCIEN WAY, STE 410
NAME	LIBERTY DR. PHILLIPS, INC.	CITY-ST-ZIP	MAITLAND FL 32751
STREET ADDRESS	<del>310 WEST CENTRAL PARKWAY STE 7000</del>		
CITY-ST-ZIP	<del>ALTAMONTE SPRINGS, FL 32714</del>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

700075017147  
05/22/06--01017--025 \*\*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 Mitchell      Date: 4/28/06      Daytime Phone #: 407-774-8818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE