


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000002014	
1. Entity Name LIBERTY DR. PHILLIPS, LLLP	

FILED
 07 MAY 24 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 220 LUCIEN WAY, SUITE 410 MAITLAND, FL 32751	Mailing Address 220 LUCIEN WAY, SUITE 410 MAITLAND, FL 32751
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04262007 Chg-LP CR2E003 (12/06)

City & State	City & State	4. FEI Number 20-3732080	Applied For Not Applicable
Zip	Country	Zip	Country

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	
LIBERTY DR. PHILLIPS, INC. 220 LUCIEN WAY, SUITE 410 MAITLAND, FL 32751	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	2200
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 _____ 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000085883	STREET ADDRESS	2200
NAME	LIBERTY DR. PHILLIPS, INC.	CITY-ST-ZIP	
STREET ADDRESS	220 LUCIEN WAY, SUITE 410	STREET ADDRESS	800103637888
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	06/01/07--01006--020 **500.00
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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 Phillip Phillips **4-26-07** **407-774-8818**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #