


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # A05000002014 1. Entity Name LIBERTY DR. PHILLIPS, LLLP	
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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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DO NOT WRITE IN THIS SPACE



04302008 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-3732080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIBERTY DR. PHILLIPS, INC.
2200 LUCIEN WAY, SUITE 410
MAITLAND, FL 32751

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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.

4000000330404
05/27/08 00000 000 500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 #	P01000085883
NAME	LIBERTY DR. PHILLIPS, INC.
STREET ADDRESS	220 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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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 Miller Date: 4-29-08 Daytime Phone #: 407-774-8818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE