


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90347 006 ***150.00

DOCUMENT # P0000054137

1. Entity Name
 LIBERTY COLONIAL TOWN, INC.



Principal Place of Business Mailing Address

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



2. Principal Place of Business 3. Mailing Address

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

04282006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

59-3649610 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

MIKKELSON, WM. MICHAEL Name
~~310 WEST CENTRAL PARKWAY~~ 2200 LUCIEN WAY, STE 410 (Acceptable)
~~SUITE 7000~~ MAITLAND FL 32751
~~ALTAMONTE SPRINGS, FL 32714~~ 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. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKKELSON, WM. MICHAEL	NAME	2200 LUCIEN WAY, STE 410
STREET ADDRESS	310 WEST CENTRAL PARKWAY SUITE 7000	STREET ADDRESS	MAITLAND FL 32751
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wm. Michael Mikkelsen* Date: 4/28/06 Daytime Phone #: 407-774-8818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR