

2013 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05000002014

Entity Name: LIBERTY DR. PHILLIPS, LLLP

Current Principal Place of Business:

220 LUCIEN WAY, SUITE 410
MAITLAND, FL 32751

Current Mailing Address:

220 LUCIEN WAY, SUITE 410
MAITLAND, FL 32751

FEI Number: 20-3732080

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIKKELSON, WM MICHAEL
2200 LUCIEN WAY, SUITE 410
MAITLAND, FL 32751 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

General Partner Detail :

Document # P01000085883
Name LIBERTY DR. PHILLIPS, INC.
Address 220 LUCIEN WAY, SUITE 410
City-State-Zip: MAITLAND FL 32751

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WM MICHAEL MIKKELSON

GP

04/26/2013

_____ Electronic Signature of Signing General Partner Detail

_____ Date