

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 16 AM 10:15

DOCUMENT # A00000000193

1. Entity Name
LIBERTY OLDSMAR, LTD.



Principal Place of Business
310 WEST CENTRAL PARKWAY, SUITE 7000
ALTAMONTE SPRINGS, FL 32714

Mailing Address
310 WEST CENTRAL PARKWAY, SUITE 7000
ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032005

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3620897

Applied For

Not Applicable

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, W. MICHAEL
310 WEST CENTRAL PARKWAY, SUITE 7000
ALTAMONTE SPRINGS, FL 32714

Name

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

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

Signature, typed or printed name of registered agent and filled applicable

DATE

9. Capital Contributions
as Shown on record.

\$33,109.00

10. Amount of Capital Contributions
in FLORIDA to date.

33,109.00

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 # P99000108604
NAME LIBERTY OLDSMAR, INC.
STREET ADDRESS 310 WEST CENTRAL PARKWAY, SUITE 7000
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

STREET ADDRESS

CITY-ST-ZIP

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500047144605
02/23/05--01041--025 **320.52

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Mikkelsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/8/5

407-774-8818

Date

Daytime Phone #

STAPLE CHECK HERE