

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A02000001348

1. Entity Name
LIBERTY MAGUIRE, LLLP



FILED

06 MAY -1 PM 12:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
~~310 WEST CENTRAL PKWY., STE. 7000~~ ~~310 WEST CENTRAL PKWY., STE. 7000~~
~~ALTAMONTE SPRINGS, FL 32714~~ ~~ALTAMONTE SPRINGS, FL 32714~~

2. Principal Place of Business

3. Mailing Address

2200 LUCIEN WAY, STE 410
MAITLAND FL 32751

2200 LUCIEN WAY, STE 410
MAITLAND FL 32751

04282006 Chg-LP CR2E003 (11/05)

4. FEI Number
43-1981538

Applied For
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
~~310 WEST CENTRAL PKWY., STE. 7000~~
~~ALTAMONTE SPRINGS, FL 32714~~

Name

2200 LUCIEN WAY, STE 410
MAITLAND FL 32751

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 title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 #
NAME MIKKELSON, WM. MICHAEL
STREET ADDRESS ~~310 WEST CENTRAL PKWY., STE. 7000~~
CITY-ST-ZIP ~~ALTAMONTE SPRINGS, FL 32714~~

STREET ADDRESS 2200 LUCIEN WAY, STE 410
CITY-ST-ZIP MAITLAND FL 32751

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/28/06 407-774-8818

STAPLE CHECK HERE