20... ...ED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 10 AM 11:05

DOCUMENT # A05000001128

1. Entity Name
LIEBERMAN INVESTMENT GROUP LTD.

Principal Place of Business	Mailing Address
4290 NW 64 AVENUE CORAL SPRINGS, FL 33064 US	4290 NW 64 AVENUE CORAL SPRINGS, FL 33064 US

07062006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-3084950 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LIEBERMAN, SHARON L
4290 NW 64 AVENUE
CORAL SPRINGS, FL 33064

7. Name and Address of New Registered Agent
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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable

FILING FEE IS $500.00
Due by September 6, 2006

In accordance with s. 637.103(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 GALLOWAY, DONNA 2269 NE 31ST ST LIGHTHOUSE POINT, FL 33064	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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: Donna Galloway 7-6-2006
Signature and typed or printed name of general partner / Date / Daytime Phone #