FILED

2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007

2007 APR 25 AM 10: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A05000001128

1. Entity Name
LIEBERMAN INVESTMENT GROUP LTD.

Principal Place of Business	Mailing Address
4299 NW 64 AVENUE CORAL SPRINGS, FL 33067 US	4299 NW 64 AVENUE CORAL SPRINGS, FL 33067 US

2. Principal Place of Business, No P.O. Box # — 4299 NW 64 Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04172007 Chg-LP CR2E003 (12/06)

City & State — Coral Springs

City & State

4. FEI Number — 20-3084950

Applied For / Not Applicable

Zip — 33067 County — Broward

Zip — 33067 Country — Broward

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

6. Name and Address of Current Registered Agent

LIEBERMAN, SHARON L
4299 NW 64 AVENUE
CORAL SPRINGS, FL 33067

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: Sharon L. Lieberman — 4/17/07
Date

FILE NUMBER FEE IS $500.00
After May 1, 2007, Fee will be $600.00

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(S) 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	
Document # / Name / Street Address / City-St-Zip		Street Address / City-St-Zip	500101225825 05/02/07--01046--019 **500.00
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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 or supplemental attachment 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: _____ 4/17/07
Signature and typed or printed name of managing General Partner — Date