


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY -1 PM 12:35**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

<b>DOCUMENT # A05000002014</b> 1. Entity Name LIBERTY DR. PHILLIPS, LLLP	
--	---

Principal Place of Business <del>310 WEST CENTRAL PARKWAY STE 7000</del> <del>ALTAMONTE SPRINGS, FL 32714</del>	Mailing Address <del>310 WEST CENTRAL PARKWAY STE 7000</del> <del>ALTAMONTE SPRINGS, FL 32714</del>
---	---

2. Principal Place of Business  2200 LUCIEN WAY, STE 410 MAITLAND FL 32751  City or State	3. Mailing Address  2200 LUCIEN WAY, STE 410 MAITLAND FL 32751  City or State	4. FEI Number <b>20-3732080</b>  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip	Country	Zip



04282006 Chg-LP CR2E003 (11/05)

<b>6. Name and Address of Current Registered Agent</b>  LIBERTY DR. PHILLIPS, INC. <del>310 WEST CENTRAL PARKWAY STE 7000</del> <del>ALTAMONTE SPRINGS, FL 32714</del>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 2200 LUCIEN WAY, STE 410 MAITLAND FL 32751 <div style="text-align: right;"> <b>FL</b> Zip Code       </div>
--	---

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.

**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 # P01000085883 NAME LIBERTY DR. PHILLIPS, INC. STREET ADDRESS <del>310 WEST CENTRAL PARKWAY STE 7000</del> CITY-ST-ZIP <del>ALTAMONTE SPRINGS, FL 32714</del>	STREET ADDRESS 2200 LUCIEN WAY, STE 410 CITY-ST-ZIP MAITLAND FL 32751
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	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: Wm. Michael Mitchell 4/28/06 407-774-8818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE