

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000002014

1. Entity Name
LIBERTY DR. PHILLIPS, LLLP



Principal Place of Business
220 LUCIEN WAY, SUITE 410
MAITLAND, FL 32751

Mailing Address
220 LUCIEN WAY, SUITE 410
MAITLAND, FL 32751

FILED

07 MAY 24 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262007 Chg-LP CR2E003 (12/06)

4. FEI Number
20-3732080

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

LIBERTY DR. PHILLIPS, INC.
~~220~~ LUCIEN WAY, SUITE 410
MAITLAND, FL 32751

Name

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

2200

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, 2007, 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 ~~220~~ LUCIEN WAY, SUITE 410
CITY-ST-ZIP MAITLAND, FL 32751

STREET ADDRESS
2200
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
800103637888
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STREET ADDRESS
CITY-ST-ZIP

DP

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. Phillip Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-26-07 407-774-8818
Date Daytime Phone #

STAPLE CHECK HERE