

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000002014

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** LIBERTY DR. PHILLIPS, LLLP

**Current Principal Place of Business:**

220 LUCIEN WAY, SUITE 410  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

220 LUCIEN WAY, SUITE 410  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 20-3732080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIBERTY DR. PHILLIPS, INC.  
2200 LUCIEN WAY, SUITE 410  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

MIKKELSON, WM MICHAEL  
2200 LUCIEN WAY, SUITE 410  
MAITLAND, FL 32751 US

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.

SIGNATURE: WM MICHAEL MIKKELSON

04/30/2009

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: P01000085883  
Name: LIBERTY DR. PHILLIPS, INC.  
Address: 220 LUCIEN WAY, SUITE 410  
City-St-Zip: MAITLAND, FL 32751

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MIKKELSON

MGR

04/30/2009

Electronic Signature of Signing General Partner

Date