
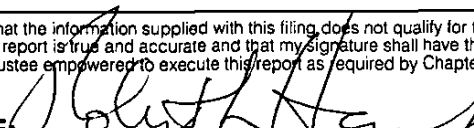


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 7, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUL -6 AM 9:20

<b>DOCUMENT # A26658</b>					
1. Entity Name LIBERTY CENTER, LTD.					
Principal Place of Business 941 NORTH LIBERTY ST. JACKSONVILLE, FL 32206			Mailing Address P.O. BOX 40126 JACKSONVILLE, FL 32203		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		06102005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-2890334	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> - \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARRIS, ROBERT L SR. 941 NORTH LIBERTY ST. JACKSONVILLE, FL 32206			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$338,260.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<b>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.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	K09816		STREET ADDRESS		
NAME	HARRIS GROUP, INC.		CITY-ST-ZIP		
STREET ADDRESS	941 N. LIBERTY ST.				
CITY-ST-ZIP	JACKSONVILLE, FL 32206				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS	000057650940	
NAME			CITY-ST-ZIP	07/19/05--01016--003 **535.00	
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 			6.13.05		(904) 353-0446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #
ROBERT L. HARRIS, SR.					

STAPLE CHECK HERE