

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A94000000378

1. Entity Name
LIBERTY SQUARE II, LTD.



FILED

04 JUN -7 PM 1:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**2611-B WEST 23RD STREET
PANAMA CITY, FL 32405**

Mailing Address
**2611-B WEST 23RD STREET
PANAMA CITY, FL 32405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-2112264

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

**JENKINS, ERIC A
2611-B WEST 23RD STREET
PANAMA CITY, FL 32405**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$271,635.00**

10. Amount of Capital Contributions in FLORIDA to date.

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

DOCUMENT # **537422**
NAME **VITA VIA, INC.**
STREET ADDRESS **1156 15TH STREET, NW, SUITE 329**
CITY-ST-ZIP **WASHINGTON, DC 20005**

DOCUMENT #
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CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

800037874498
06/11/04 01047 003 **526.25

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6-2-04 **850 7635417**
Date Daytime Phone #

STAPLE CHECK HERE