
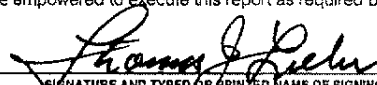
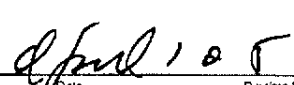


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000000881 1. Entity Name LIEBER PARTNERS, LTD.					
Principal Place of Business 434 NORTH HALIFAX AVE., STE. 1 DAYTONA BEACH, FL 32118			Mailing Address 434 NORTH HALIFAX AVE., STE. 1 DAYTONA BEACH, FL 32118		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3478183	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BURDEN, GEORGE D.E. 434 N. HALIFAX AVE. DAYTONA BEACH SHORES, FL 32127				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL 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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,675,000.00			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				13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME			STREET ADDRESS	000000294360
STREET ADDRESS	3641 S. ATLANTIC AVE.			CITY-ST-ZIP	04/09/05-80009-014 526.25
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32127				
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS				CITY-ST-ZIP	
CITY-ST-ZIP					
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STREET ADDRESS				CITY-ST-ZIP	
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CITY-ST-ZIP					
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS				CITY-ST-ZIP	
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)(f), 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:  <div style="float: right; text-align: right;">  Date </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE