

**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

FILED

06 MAY -1 PM 12:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A99000001341

1. Entity Name
LIBERTY WEST WATERS, LTD.



Principal Place of Business 310 WEST CENTRAL PARKWAY, SUITE 7000 ALTAMONTE SPRINGS, FL 32714	Mailing Address 310 WEST CENTRAL PARKWAY, SUITE 7000 ALTAMONTE SPRINGS, FL 32714
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2. Principal Place of Business 2200 LUCIEN WAY, STE 410 MAITLAND FL 32751 City & State	3. Mailing Address 2200 LUCIEN WAY, STE 410 MAITLAND FL 32751 City & State
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04282006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3593479	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MIKKELSON, W. MICHAEL 310 WEST CENTRAL PARKWAY, SUITE 7000 ALTAMONTE SPRINGS, FL 32714	7. Name and Address of New Registered Agent Name 2200 LUCIEN WAY, STE 410 (acceptable) MAITLAND FL 32751 City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000072290 LIBERTY WEST WATERS, INC. 310 WEST CENTRAL PARKWAY, SUITE 7000 ALTAMONTE SPRINGS, FL 32714	STREET ADDRESS CITY-ST-ZIP	2200 LUCIEN WAY, STE 410 MAITLAND FL 32751
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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. Michael Mickelson Date: 4/28/06 Daytime Phone #: 407-774-8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE