


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90404 024 ***150.00

DOCUMENT # F02000005262					
1. Entity Name LIQUIDATION PROPERTIES, INC.					
Principal Place of Business 388 GREENWICH STREET NEW YORK, NY 10013			Mailing Address 3800 CITIGROUP CENTRE DR G2-18 TAMPA, FL 33610		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P O Box 31226			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		Tampa, FL			
Zip	Country	33631-3226	USA	4. FEI Number 52-2266507	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME COSTA, RANDALL STREET ADDRESS 390 GREENWICH ST CITY - ST - ZIP NEW YORK, NY 10013	<input type="checkbox"/> Delete		TITLE ASST. SEC. NAME Lissa Hoffman STREET ADDRESS 3800 CITIGROUP CENTER DR CITY - ST - ZIP Tampa, FL 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME SEARES, PHIL STREET ADDRESS % 390 GREENWICH STREET, 4TH FL CITY - ST - ZIP NEW YORK, NY 10013	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME MILLS, SUSAN STREET ADDRESS % 390 GREENWICH STREET, 4TH FL CITY - ST - ZIP NEW YORK, NY 10013	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME REEDY, DAVID STREET ADDRESS % 390 GREENWICH STREET, 4TH FL CITY - ST - ZIP NEW YORK, NY 10013	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME FREIDENRICH, SCOTT STREET ADDRESS 388 GREENWICH ST CITY - ST - ZIP NEW YORK, NY 10013	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AT NAME ANZEL, KEITH STREET ADDRESS % 388 GREENWICH STREET, 22ND FL CITY - ST - ZIP NEW YORK, NY 10013	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <i>USA A. Hoffman</i>			Date: <i>4-26-07</i> Daytime Phone #: <i>813-604-0342</i>		