

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90040 025 ***150.00

DOCUMENT # F02000005262 1. Entity Name LIQUIDATION PROPERTIES, INC.			
Principal Place of Business 388 GREENWICH STREET NEW YORK, NY 10013		Mailing Address PO BOX 31226 TAMPA, FL 33631	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 30509	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		4. FEI Number 52-2266507	
Zip 33631		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP P COSTA, RANDALL 390 GREENWICH ST NEW YORK, NY 10013	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Director Jeffery Perlowitz 390 Greenwich St New York, NY 10013	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP V SEARES, PHIL % 390 GREENWICH STREET, 4TH FL NEW YORK, NY 10013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP V MILLS, SUSAN % 390 GREENWICH STREET, 4TH FL NEW YORK, NY 10013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP V REEDY, DAVID % 390 GREENWICH STREET, 4TH FL NEW YORK, NY 10013	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Assistant Secretary Lisa Hoffman 3800 Charming Center Dr. Tampa, FL 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP T FREIDENRICH, SCOTT 388 GREENWICH ST NEW YORK, NY 10013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Treasurer Scott Freidenrich 399 Park Ave New York, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP AT ANZEL, KEITH % 388 GREENWICH STREET, 22ND FL NEW YORK, NY 10013	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Secretary Myungsu King 388 Greenwich St New York, NY 10013	<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: Lisa A. Hoffman 4.21.08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	