


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000000789 1. Entity Name LIBERTY WAREHOUSE ASSOCIATES, LLC	
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Principal Place of Business 250 WORTH AVE. PALM BEACH, FL 33480	Mailing Address 250 WORTH AVE. PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE



02142006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1068963	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HANDELSMAN, BURTON 250 WORTH AVE PALM BEACH, FL 33480
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**DO NOT WRITE
IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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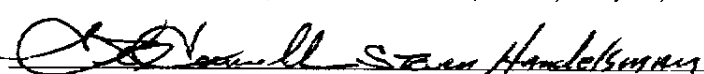
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANDELSMAN, BURTON 250 WORTH AVE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANDELSMAN, LUCILLE 250 WORTH AVE PALM BEACH, FL 33480
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04/19/06-80036-006 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	3-30-06 Date Daytime Phone if
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