## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000000789

1. Entity Name

LIBERTY WAREHOUSE ASSOCIATES, LLC



Principal Place of Business Mailing Address

250 WORTH AVE. PALM BEACH, FL 33480

250 WORTH AVE. PALM BEACH, FL 33480

**FILED** Mar 27, 2008 08:00 AN Secretary of State



02282008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	
	65-1068963	

Applied For Not Applicable

5. Certificate of Status Desired

\$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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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 ! am familiar with, and accept the obligations of registered agent.					
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE			
FILE NOW!!! FEE IS \$138.75		000000871302 04/09/08-80126-008 13	8.75		

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	HANDELSMAN, BURTON		
STREET ADDRESS	250 WORTH AVE		
CITY-ST-ZIP	PALM BEACH, FL 33480		
THLE	MGRM		
NAME	HANDELSMAN, LUCILLE		
STREET ADDRESS	250 WORTH AVE		
CITY-ST-ZIP	PALM BEACH, FL 33480		
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. Thereby certify that the information supplied with this filling does not qualify for the experimental on this report is true and accurate and that my signature shall have the sa			

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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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #