


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000018932		
1. Entity Name LIBERTY TOWN HOMES, LLC		

Principal Place of Business 2248 FIRST STREET FT. MYERS FL 33901	Mailing Address P.O. BOX 60912 FORT MYERS FL 33906
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
05 MAR -3 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E083 (10/04) *JK*

6. Name and Address of Current Registered Agent  HOSCHAR, KIMBERLY 4115 PRESTWICK CT. NORTH FORT MYERS FL 33903		7. Name and Address of New Registered Agent Name <i>Kimberly A Rocha</i> Street Address (P.O. Box Number is Not Acceptable) <i>same</i> City <i>same</i> 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 *Kimberly A Rocha* (NOTE: Registered Agent signature required when reinstating) DATE

<p><b>FILE NOW!!!-FEE IS \$50.00!</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2005</b></p>	
--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOSCHAR, KIMBERLY A 4115 PRESTWICK COURT NORTH FORT MYERS FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Kimberly A. Rocha</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>same</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300048064093 03/03/05--01052--024 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kimberly A Rocha* 2.25.05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #