2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000010189

1. *Entity Name*
LIBERTY CENTER, L.L.C.

Principal Place of Business	Mailing Address
1035 WEST DIXIE AVENUE LEESBURG, FL 34748	1035 WEST DIXIE AVENUE LEESBURG, FL 34748

DO NOT WRITE IN THIS SPACE

01222007No Chg-LLC CR2E083 (11/05)

4. FEI Number
02-0629484
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STOKES, BERYL N III
1035 WEST DIXIE AVENUE
LEESBURG, FL 34748

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

000000003162
02/01/07-80039-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STOKES, BERYL N III
STREET ADDRESS	1035 WEST DIXIE AVENUE
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	MGR
NAME	STOKES, BERYL N JR
STREET ADDRESS	609 E. MAIN STREET
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ (Beryl N. Stokes, III) 1/24/07 352-728-0980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #