

**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.	
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Principal Place of Business 1035 WEST DIXIE AVENUE LEESBURG, FL 34748	Mailing Address 1035 WEST DIXIE AVENUE LEESBURG, FL 34748
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DO NOT WRITE IN THIS SPACE



01222007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 02-0629484	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent STOKES, BERYL N III 1035 WEST DIXIE AVENUE LEESBURG, FL 34748
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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. 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 _____
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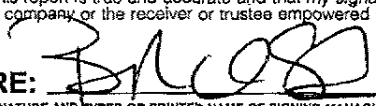
**Filing Fee is \$50.00
Due by May 1, 2007**

000000009162
02/11/07-80039-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STOKES, BERYL N III 1035 WEST DIXIE AVENUE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STOKES, BERYL N JR 609 E. MAIN STREET LEESBURG, FL 34748
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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) 1/24/07 352-728-0480	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
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