2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# L02000010189

Entity Name: LIBERTY CENTER, L.L.C.

Current Principal Place of Business:

1035 WEST DIXIE AVENUE
LEESBURG, FL 34748

New Principal Place of Business:

6750 TUSCAWILLA DRIVE
LEESBURG, FL 34748

Current Mailing Address:

1035 WEST DIXIE AVENUE
LEESBURG, FL 34748

New Mailing Address:

6750 TUSCAWILLA DRIVE
LEESBURG, FL 34748

FEI Number: 02-0629484 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

STOKES, BERYL N III
6750 TUSCAWILLA DRIVE
LEESBURG, FL 34748 US

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.

SIGNATURE: BERYL N. STOKES, III 04/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: STOKES, BERYL N III
Address: 1035 WEST DIXIE AVENUE
City-St-Zip: LEESBURG, FL 34748

Title: MGR ( ) Delete
Name: STOKES, BERYL N JR
Address: 625 COUNTRY RD 468
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: STOKES, BERYL N III
Address: 6750 TUSCAWILLA DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MGR 04/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date