


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90031 011 ****50.00

DOCUMENT # L02000017257 1. Entity Name LIBERTY CITY, L.L.C.	
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Principal Place of Business 1717 NORTH BAYSHORE DRIVE STE. 124 MIAMI, FL 33132	Mailing Address 1717 NORTH BAYSHORE DRIVE STE. 124 MIAMI, FL 33132
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DO NOT WRITE IN THIS SPACE



08052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 57-1153790	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SELF, DAVID C II
324 DATURA STREET STE. 235
WEST PALM BEACH, FL 33401

**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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, DAVID L 1717 NORTH NORTH BAYSHORE DRIVE STE. 124 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIAMI-DADE EMPOWERMENT TRUST, INC 3050 BISCAYNE BOULEVARD STE. 300 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **8/10/2004** **305-358-8766**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #