


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000018223</b> 1. Entity Name <b>LIBERTY TREE, LLC</b>	
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Principal Place of Business <b>2340 N.W. 29TH ST. FT LAUDERDALE, FL 33311</b>	Mailing Address <b>2340 N.W. 29TH ST. FT LAUDERDALE, FL 33311</b>
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**DO NOT WRITE IN THIS SPACE**



07052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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8. Name and Address of Current Registered Agent  <b>GRISHAM, CLARENCE J 2340 N.W. 29TH ST. FT LAUDERDALE, FL 33311</b>
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**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 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GRISHAM, HAZEL R 2340 NW 29TH ST FORT LAUDERDALE, FL 33311</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GRISHAM, CLARENCE 2340 NW 29 ST FORT LAUDERDALE, FL 33311</b>
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08/01/06-80012-005 55.00

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:** Clarence Grisham 7-11-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #