

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026259

FILED
Jan 10, 2005
Secretary of State

Entity Name: LIBERTY DEVELOPMENT FLORIDA LLC

Current Principal Place of Business:

5472 FIRST COAST HIGHWAY
SUITE 6
AMELIA ISLAND, FL 32034

New Principal Place of Business:

Current Mailing Address:

5472 FIRST COAST HIGHWAY
SUITE 6
AMELIA ISLAND, FL 32034

New Mailing Address:

FEI Number: 56-2299917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANHAM, JEB T ESQ
166 A1A NORTH
SUITE 201-J
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FALCON FAMILY HOLDIN, GS, L.P.
Address: 4670 CARLTON DUNES DRIVE #4
City-St-Zip: AMELIA ISLAND, FL 32034 US

Title: MGRM () Delete
Name: SIMMONS, VANN E MBR
Address: 3IVE OAK
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: MGRM () Delete
Name: FAIRVIEW CAPITAL COR, PORATION
Address: 3927 PEACHTREE ROAD
City-St-Zip: DULUTH, GA 30319 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEN B. LANIER

MGRM

01/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date