

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90167 036 ***138.75

DOCUMENT # L03000033768

1. Entity Name
LIBERTY PROPERTIES, LLC



Principal Place of Business
**6743 SOUTHPORT DR
BOYNTON BEACH, FL 33437 US**

Mailing Address
**6743 SOUTHPORT DR
BOYNTON BEACH, FL 33437 US**

50004149



2. Principal Place of Business - No P.O. Box #
9724 VIA GRANDEZZA W.
Suite, Apt. #, etc.

3. Mailing Address
9724 VIA GRANDEZZA W.
Suite, Apt. #, etc.

04122008 Chg-LLC CR2E083 (12/06)

City & State
WELLINGTON FL
Zip
33411 Country
US

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WELLINGTON FL
Zip
33411 Country
US

4. FEI Number
81-0631712 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LIPTON, ROBERT
6743 SOUTHPORT DR
BOYNTON BEACH, FL 33437
9724 VIA GRANDEZZA W.
WELLINGTON FL 33411

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
9724 VIA GRANDEZZA W.
City
WELLINGTON FL Zip Code
33411

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 **Robert Lipton** **ROBERT LIPTON** **4/14/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	MGRM			<input type="checkbox"/>
	LIPTON, ROBERT			<input type="checkbox"/>
	6743 SOUTHPORT DR			<input type="checkbox"/>
	BOYNTON BEACH, FL 33437			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
		9724 VIA GRANDEZZA W.		<input type="checkbox"/>	<input type="checkbox"/>
		WELLINGTON FL-33411		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ROBERT LIPTON

4/14/08 561-5823330