

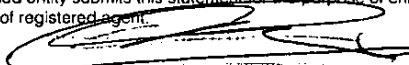



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90031 013 ****50.00

DOCUMENT # L04000054425 1. Entity Name LIBERTY SQUARE LLC					
Principal Place of Business 6305 WESTWOOD BLVD. SUITE 200 ORLANDO, FL 32821			Mailing Address 6305 WESTWOOD BLVD. SUITE 200 ORLANDO, FL 32821		
2. Principal Place of Business 1768 Park Center Dr. Suite, Apt. #, etc. Suite 325 Orlando, FL		3. Mailing Address 1768 Park Center Dr. Suite, Apt. #, etc. Suite 325 Orlando, FL			
Zip 32835 Country USA		Zip 32835 Country USA		04242006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20-1431179 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent STEVE, ASHDJI 4249 LB MCLEOD BLVD SUITE D ORLANDO, FL 32811	
7. Name and Address of New Registered Agent Name Steve Ashdji Street Address (P.O. Box Number is Not Acceptable) 1768 Park Center Dr. Suite 340 City Orlando FL Zip Code 32835				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 May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAMLESH, SHAH A 11545DELWICK DRIVE WENDERMERE, FL 34789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASHAJI, STEVE 4249 LB MCLEOD BOULEVARD ORLANDO, FL 32811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGR Steve Ashdji 1768 Park Center Dr, Suite 340 Orlando, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 #					