


**FILED**  
**May 30, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90353 020 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L04000067112			
1. Entity Name LIBERTY PL SERVICES LLC			
Principal Place of Business 2031 HERB COURT TALLAHASSEE, FL 32312		Mailing Address 2031 HERB COURT TALLAHASSEE, FL 32312	
2. Principal Place of Business - No P.O. Box # 719 SAWDUST RD State, Apt. #, Svc. 205		3. Mailing Address 719 SAWDUST RD State, Apt. #, Svc. 205	
City & State SPRING, TEXAS		City & State SPRING, TEXAS	
Zip 77380		Zip 77380	
Country USA		Country USA	
4. FEI Number 20-1811934		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 WEATHERFORD, WILLIAM A 2031 HERB COURT TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Not Permitted) <i>1025 HANGING VINE PT</i> City <i>LONGWOOD</i> FL Zip Code <i>32750</i>	
8. I, the above named entity, submit this statement for the purpose of changing its principal office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, this statement. SIGNATURE: <i>William A Weatherford</i> DATE: <i>4/30/07</i>			
Filing Fee is \$30.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM WEATHERFORD, WILLIAM A 2031 HERB COURT TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 named liability company or the recipient of limited membership interest in the named as required by Chapter 609, Florida Statutes. SIGNATURE: <i>William A Weatherford</i> DATE: <i>4/30/07</i>			

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4/30/07

850-591-4230