
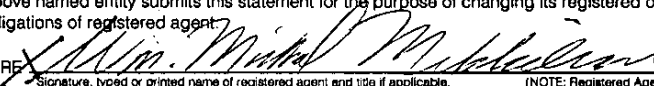



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90049 040 \*\*\*\*50.00

<b>DOCUMENT # L04000071401</b> 1. Entity Name LIPJAC, LLC					
Principal Place of Business <del>201 W. CANTON AVE., SUITE 275</del> <del>WINTER PARK, FL 32790</del>			Mailing Address <del>P.O. BOX 478</del> <del>WINTER PARK, FL 32790</del>		
2. Principal Place of Business  2200 LUCIEN WAY, STE 410 MAITLAND FL 32751		3. Mailing Address  2200 LUCIEN WAY, STE 410 MAITLAND FL 32751			
Zip Country 		Zip Country 		4. FEI Number <b>47-0945712</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <del>CORPORATION COMPANY OF ORLANDO</del> <del>300 SOUTH ORANGE AVE., SUITE 1000 (MJC)</del> <del>ORLANDO, FL 32804-6403</del>			7. Name and Address of New Registered Agent Name <b>Liberty LIPJAC LLC</b> Street Address (P.O. Box Number is Not Acceptable) 2200 LUCIEN WAY, STE 410 MAITLAND FL 32751 <div style="text-align: right;"> <b>FL</b> Zip Code       </div>		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIBERTY LIPJAC, LLC <del>210 W. CENTRAL PARKWAY, SUITE 7000</del> <del>ALTAMONTE SPRINGS, FL 32714</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2200 LUCIEN WAY, STE 410 MAITLAND FL 32751 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BASSLER, ANDREW 2308 LAKE SUE DRIVE WINTER PARK, FL 32803	<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	MGRM D'ALOISE, JOHN J 2020 CITRUS COVE DRIVE OVIEDO, FL 32765	<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	MGRM VICKERS, CHARLES 201 WEST CANTON AVENUE, SUITE 275 WINTER PARK, FL 32790	<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	<input type="checkbox"/> Delete	<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	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE:</b> 			4/28/06 407-774-8818 Date Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					