FILED Apr 24, 2008 8:00 am Secretary of State

| ANNUAL REPORT | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|
| DOCUMENT # L04000093938 | | | | | | | | |

| Principal Place of Business 200 LUCIEN WAY 200 LUCI | 1. Entity Name LIBERTY VP CLERMONT, LLC | | | | | | | 04-24-2008 90 | J020 024 | ***1 <i>3</i> 8. | /5 | | |
|---|---|---------------------|--|--------------------------------|------------------------|--|-----------------|-------------------------------|----------------------|------------------|-----------------------|----------------------------------|--|
| Sulle, Apil, #, etc. | 2200 LUCIEI Suite 410 | N WAY | | 2200 LUCIEN WAY Suite 410 | US | | |) (Fa iran a | 600281 | 53 | 18 18/88 (I/8) (I | F18 6 3 836 18 2 6 | |
| City & State City City FL | 2. Principal F | Place of Busin | ness - No P.O. Box # | 3. Mailing Address | • | | | | | | | | |
| Zip Country Zip Country Zip Country Status Desired \$5.00 Additional \$5.00 Additional \$6. Certificate of Status Desired \$6. Certif | Suite, Apt. | . #, etc. | | Suite, Apt. #, etc. | | | | 04042008 | Chg-LLC | CR2E0 | 33 (12/06) | | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Full ENOWITI FEE 4S \$138.75 / After May 1, 2008 Fee will be \$538.76 9. MANAGING MEMSERS/MANAGERS ITILE NAME LIBERTY AS HOLDINGS, LLC SIREST ADDRESS CITY-51-2P MAITLAND, FL 32751 Delea TILE NAME Delea TILE NAME SIREST ADDRESS CITY-51-2P TILE Delete TILE D | City & Stat | te | | City & State | | | | | | | - - | | |
| Name | Zip | | Country | Zip | Count | try | | 5. Certificate | e of Status Desired | | 5.00 Ad ee Require | ditional ed | |
| MIXTLAND, FL 32751 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or bost, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE President Spread or prised name of ingreend sport and the Facebooks. ROTE Registered Agent symbol required agent and the Facebooks. ROTE Registered Agent symbol required agent, or bost, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. FILE NOWIII FEE 15 \$138.75 After May 1, 2008 Fee will be \$538.76 9. MANAGING MEMBERS/MANAGERS 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 110. ADDITIONS/CHANGES 1111 | | 6. Name | and Address of Current F | Registered Agent | | | | 7. Name an | d Address of New R | egistered A | gent | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | | | Name | | | | | | <u> </u> | |
| MAITLAND, FL 32751 E. 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 privated many of impressed agent and the Fapilicable. INCITE, Registered Agent supravue required when remaining) DATE | 2200 LUC | IEN WAY | MICHAEL | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| 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 | | | 51 | | | | | | | | | | |
| TILE NOW; Fee will be 5538.76 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES CITY-ST-ZIP Delete TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition TILE NAME NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition TILE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition TILE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Add | | | | | | City | | | | FL | Zip Coc | le | |
| Signature. Nyped or prividing rame of registered agent and till peopleaties. Note: | 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. | | | | | | | | | | | | |
| 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES ITHE NAME LIBERTY AS HOLDINGS, LLC GIY-SI-ZIP MAITLAND, FL 32751 TITLE NAME NAME STREET ADDRESS CITY-SI-ZIP TITLE STREET ADDRESS CITY-SI-Z | SIGNATURE | | or printed name of registered agent ar | nd title if applicable. (NOTE: | Registered | Agent signate | ure required | when reinstating) | | DATE | | | |
| 9. MANAGING MEMBERS/MANAGERS IIILE NAME LIBERTY AS HOLDINGS, LLC 2200 LUCIEN WAY SUITE 410 CITY-ST-ZIP MAITLAND, FL 32751 IIILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP CITY | After May 1, 2008 Fee will be \$538.76 Florida Department of State | | | | | | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS | 9. | | MANAGING MEMBER | RS/MANAGERS | 10. | | | | ADDITIONS/ | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | LIBERTY 2200 LUC | IEN WAY SUITE 410 | ☐ Delete | NAME STREE | ET ADDRESS | Wm 220 Ha | . micha 30 Luci itland, | en way, s FL 3275 | m 12410 | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | | | ☐ Delete | NAME STREE | et address | | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | TITLE NAME STREET ADDRESS | | | ☐ Delete | TITLE | | Div | rector . | Johnston | | ☐ Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | CITY-ST-ZIP | | | | СПҮ- | ST-ZIP | 30 | ame a | 3 HOWE | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS | NAME Street Address | | | ☐ Delete | NAME STREE | ET ADDRESS | | | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS STREET ADDRESS | NAME STREET ADDRESS | | | ☐ Delete | TITLE NAME STREE | T ADDRESS | | | . | | ☐ Change | ☐ Addition | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Portida Statutes, Lightly certify that the information | NAME STREET ADDRESS CITY-ST-ZIP | | | | NAME STREE CITY- | T ADDRESS ST-ZIP | | | | | | | |

imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.