



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2006 90049 036 ****50.00

DOCUMENT # L05000062365					
1. Entity Name LIBERTY LUCIEN WAY, LLC					
Principal Place of Business 310 WEST CENTRAL PARKWAY SUITE 7000 ALTAMONTE SPRINGS, FL 32714			Mailing Address 310 WEST CENTRAL PARKWAY SUITE 7000 ALTAMONTE SPRINGS, FL 32714		
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		04282006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-4676880				<input type="checkbox"/> 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 MIKKELSON, W. MICHAEL 310 WEST CENTRAL PARKWAY SUITE 7000 ALTAMONTE SPRINGS, FL 32714			7. Name and Address of New Registered Agent Name 2200 LUCIEN WAY, STE 410 (Acceptable) MAITLAND FL 32751 City FL Zip Code		
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 _____ (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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MIKKELSON, Wm. MICHAEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2200 LUCIEN WAY, STE 410 MAITLAND FL 32751 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
SIGNATURE: <i>Wm. Michael Mikkelsen</i>		4/28/06		407-774-8818	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	