

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000079676

FILED
Oct 10, 2006
Secretary of State

Entity Name: LIBERTY INVESTMENTS, L.L.C.

Current Principal Place of Business:

260 WEST MASHTA DRIVE
KEY BISCAYNE, FL 33149

New Principal Place of Business:

425 W MASHTA DR.
KEY BISCAYNE, FL 33149

Current Mailing Address:

260 WEST MASHTA DRIVE
KEY BISCAYNE, FL 33149

New Mailing Address:

425 W MASHTA DR.
KEY BISCAYNE, FL 33149

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SALAZAR, LISETTE PIE ESQ
260 CRANDON BLVD., SUITE 48
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

O'CONNELL, ELIZABETH A
345 CARIBBEAN BLVD
KEY BISCAYNE, FL 33149 US

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.

SIGNATURE: ELIZABETH A. O'CONNELL

10/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VALERIAN HOLDINGS, I, NC.
Address: 260 WEST MASHTA DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VALERIAN HOLDINGS, I, NC.
Address: 345 CARIBBEAN BLVD
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELIZABETH A. O'CONNELL

MGRM

10/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date