2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000114392

1. Entity Name LIBERTY LIPJAC, LLC



FILED May 01, 2008 08:00 AN Secretary of State

Principal Place of Business

2200 LUCIEN WAY, STE 410 ALTAMONTE SPRINGS, FL 32714 Mailing Address

2200 LUCIEN WAY, STE 410 ALTAMONTE SPRINGS, FL 32714



04302008 No Chg-LLC

CR2E083 (12/07)

Fee Required

Daytime Phone #

4. FEI Number	 Applied For
20-3864084	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

MIKKELSON, WM. MICHAEL 2200 LUCIEN WAY STE 410 ALTAMONTE SPRINGS, FL 32714

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8. The above the obligat	named entity submits this statement for the purpose of chartions of registered agent.	nging its registered office or registered agent, or but	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agont and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIKKELSON, WM MICHAEL 2200 LUCIEN WAY STE 410 MAITLAND, FL 32751		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	U00000938480 05/27/08-80091-020 138.75
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11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature st bility company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 1 nall have the same legal effect as if made under coute this report as required by Chapter 608, Floric	 Florida Statutes. I further certify that the information lath; that I am a managing member or manager of the da Statutes.