

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123264

Entity Name: LIBERTY PARK PLAZA, LLC

FILED
Apr 16, 2006
Secretary of State

Current Principal Place of Business:

96152 GLENWOOD RD.
YULEE, FL 32097

New Principal Place of Business:

Current Mailing Address:

96152 GLENWOOD RD.
YULEE, FL 32097

New Mailing Address:

FEI Number: 20-4005652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANE, TERENCE G JR.
233 E. BAY ST., STE. 620
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHESTER, GEORGE A JR.
Address: 96152 GLENWOOD RD.
City-St-Zip: YULEE, FL 32097

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHESTER, GEORGE A JR.
Address: 96152 GLENWOOD RD.
City-St-Zip: YULEE, FL 32097

Title: MGRM () Change (X) Addition
Name: CHESTER, GERALDEEN G
Address: 96152 GLENWOOD RD
City-St-Zip: YULEE, FL 32097

Title: MGRM () Change (X) Addition
Name: CHESTER, GEORGE A III
Address: 96152 GLENWOOD RD
City-St-Zip: YULEE, FL 32097

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: GERALDEEN G CHESTER

MGRM

04/16/2006

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