

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001868

FILED  
Apr 27, 2010  
Secretary of State

Entity Name: LIBERTY VP TALLAHASSEE WEST, LLC

**Current Principal Place of Business:**

310 WEST CENTRAL PARKWAY, SUITE 7000  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

5344 WEST TENNESSEE STREET  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

310 WEST CENTRAL PARKWAY, SUITE 7000  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

2200 LUCIEN WAY STE 410  
MAITLAND, FL 32751

FEI Number: 20-5029510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MIKKELSON, WM. MICHAEL  
310 WEST CENTRAL PARKWAY, SUITE 7000  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

MIKKELSON, WM. MICHAEL  
2200 LUCIEN WAY STE 410  
MAITLAND, FL 32751 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:

04/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LIBERTY GS HOLDINGS, LLC  
Address: 2200 LUCIEN WAY STE 410  
City-St-Zip: MAITLAND, FL 32751

Title: P  
Name: MIKKELSON, WM MICHAEL  
Address: 2200 LUCIEN WAY STE 410  
City-St-Zip: MAITLAND, FL 32751

Title: D  
Name: MIKKELSON, ADAM  
Address: 2200 LUCIEN WAY SUITE 410  
City-St-Zip: MAITLAND, FL 32751

Title: D  
Name: JOHNSTON, WILLIAM  
Address: 2200 LUCIEN WAY SUITE 410  
City-St-Zip: MAITLAND, FL 32751

I hereby 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: WM MICHAEL MIKKELSON

P

04/27/2010

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