


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90019 046 \*\*\*138.75

<b>DOCUMENT # L06000051293</b> 1. Entity Name <b>LIBERTY VP NORTH FT. MYERS, LLC</b>					
Principal Place of Business <b>2200 LUCIEN WAY STE 410 MAITLAND, FL 32751</b>			Mailing Address <b>2200 LUCIEN WAY STE 410 MAITLAND, FL 32751</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-5058141</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MIKKELSON, WM MICHAEL 2200 LUCIEN WAY STE 410 MAITLAND, FL 32751</b>				Name Street Address (P.O. Box Number is Not Acceptable) 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 _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MIKKELSON, WM MICHAEL</b> <b>2200 LUCIEN WAY STE 410</b> <b>MAITLAND, FL 32751</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Adam Mikkelsen</b> <b>2200 Lucien Way, Ste. 410</b> <b>Maitland, FL 32751</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PELSKI, BRIAN</b> <b>2200 LUCIEN WAY STE 410</b> <b>MAITLAND, FL 32751</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>William Johnston</b> <b>Same as Above</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>LIBERTY ACQUISITIONS LLC</b> <b>2200 LUCIEN WAY STE 410</b> <b>MAITLAND, FL 32751</b> <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	
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	
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.					
<b>SIGNATURE: <u>Wm. Michael Mikkelsen</u> Wm. Michael Mikkelsen</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>4/22/08</b> <small>Date</small>		<b>407-774-8818</b> <small>Daytime Phone #</small>

00000100



04042008 Chg-LLC CR2E083 (12/06)