

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L06000084577

1. Entity Name  
LIBERTY STAR PLAZA LLC



Principal Place of Business

176 ORDAY ROAD  
SEBRING FL 33875

Mailing Address

176 ORDAY ROAD  
SEBRING FL 33875

FILED  
Mar 12, 2008 08:00 AM  
Secretary of State



03042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
65-1288844

Applied For  
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BERKEY, CELESTE I  
176 ORDAY ROAD  
SEBRING, FL 33875

DO NOT WRITE  
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BERKEY, CELESTE I
STREET ADDRESS	176 ORDAY ROAD
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	MGRM
NAME	BERKEY, JUDD D
STREET ADDRESS	176 ORDAY ROAD
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000856309  
03/28/08-80007-025 138.75

DO NOT WRITE  
IN THIS SPACE

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 808, Florida Statutes.

SIGNATURE: Celeste I. Berkey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/6/08 (863) 471-0663  
Date Daytime Phone #