2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L06000108261



FILED May 10, 2007 8:00 am Secretary of State 05-10-2007 90421 015 ****50.00

OCCIVILIA I # E00000 100E0 1	
Entity Name	
IBERTY VP SOUTH FT. MYERS, LLC	

LIBERT VI SOUTH I WITERS, LEC		a Ties								
2200 LUCIEN	ncipal Place of Business Mailing Address 00 LUCIEN WAY, SUITE 410 2200 LUCIEN WAY, SUITE 410 ITLAND, FL 32751 MAITLAND, FL 32751		410				V.A.			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052007	Chg-LLC	CR2E083 (1	2/06)			
City & State		City & State		4. FEI Numb	585083°	;		plied For		
Zip	Country	Zip	Country			e of Status Desired	□ \$5.0	0 Add		
_	6. Name and Address of Current I	Registered Agent	<u> </u>		<u> </u>	d Address of New I	FeeR	equired	<u> </u>	
			Name							
MIKKELSON, WM. MICHAEL 2200 LUCIEN WAY, SUITE 410 MAITLAND, FL 32751		Str		Street Address (P.O. Box Number is Not Acceptable)						
MAITLANE), FL 32/31									
			City				FL Z	p Code	•	
8. The above	named entity submits this statement for ions of registered agent.	r the purpose of changing its req	gistered office	or register	ed agent, or b	oth, in the State of Fl	orida. I am familia	r with, a	and accept	
SIGNATURE .	oris or registrou agorit.									
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Agent sign	ature required	when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2007					i	ke check payabl a Department o		•		
9.	MANAGING MEMBE	RS/MANAGERS	10.	10.0		ADDITIONS	/CHANGES			
NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	STO Libe	rty Ac stucie	cquisition	15, WC 419	hange	☐ Addition	
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP	11 Da	ntland	,FR 327	 5 !	hanne	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		_ beace	NAME STREET ADDRESS CITY-ST-ZIP				□ •	- William		
TITLE NAME		☐ Delete	TITLE NAME					hange	☐ Addition	
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME					hange	Addition	
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STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP	1						

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #