


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-24-2008 90019 042 \*\*\*138.75

**DOCUMENT # L06000119323**

1. Entity Name  
 LIBERTY VP DUNLAP, LLC



Principal Place of Business  
 2200 LUCIEN WAY, SUITE 410  
 MAITLAND, FL 32751

Mailing Address  
 2200 LUCIEN WAY, SUITE 410  
 MAITLAND, FL 32751

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LIBERTY ACQUISITIONS LLC	
STREET ADDRESS	2200 LUCIEN WAY STE 410	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PELSKI, BRIAN	
STREET ADDRESS	2200 LUCIEN WAY STE 410	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	P	<input type="checkbox"/> Delete
NAME	MIKKELSON, WM MICHAEL	
STREET ADDRESS	2200 LUCIEN WAY STE 410	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adam Mikkelsen	
STREET ADDRESS	2200 Lucien Way, Ste. 40	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Johnston	
STREET ADDRESS	Same as Above	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Wm. Michael Mikkelsen Wm. Michael Mikkelsen 4/22/08 407-774-8818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #