## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 19, 2007 8:00 am Secretary of State

1/30

DOCUMENT # L06000120822  1. Entity Name LIBERTY INVESTORS LLC						- 1	01-30-	-2007 90	0034 028	****50.(
Principal Place of Business 2770 SOUTH OCEAN BLVD., 201-S PALM BEACH, FL 33480			Mailing Address 2770 SOUTH OCEAN BLVD., 201-S PALM BEACH, FL 33480							
2. Principal P	Place of Busin	ess - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01102007	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State			4. FEI Numb	er		<b>⊢</b>	oplied For ot Applicable
Zip		Country	Zip	Coun	itry	5. Certificate	of Status Desired		\$5.00 Add Fee Require	Jitlona) d
	6. Name	and Address of Current R	legistered Agent		Name	7. Name an	Address of New I	Registered	Agent	
2731 EXE	RVICES, IN CUTIVE PA . FL 33331	ARK DRIVE, SUITE 4			Street Address (P.O. Box Number is Not Acceptable)					
WESTON,	, FL 33331	I			City			FL	Zip Cod	
8. The above	named entity	submits this statement for	the purpose of changing its	register		red agent, or bo	oth, in the State of Fi		•	_
	tions of registe	èred agent.		_	•					
	Signature, typed o	or printed name of registered agent an	rd title if applicable. (NOT	E: Registera	d Agent signature required	d when constaints)		DATE	· <u>-</u>	
	iling Fee i uo by May							ke check p la Departm	ayable to ent of Stat	•
9.	TILLE	MANAGING MEMBER		10.	<del></del>		ADDITIONS	/CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	2770 SOU	LD, TIMOTHY S ITH OCEAN BLVD., 201 ACH, FL 33480	□ Delste: -\$		<b>I</b>				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Deize Ith MCDONALD, LIUBOV G NAV. 201-S STR				E Et adoress				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PALM BE	40H, FE 33460	☐ Delete	CITLE KAMI STRE					Change	Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	ITLE NAME STRE					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I				Change	Addition
TITLE NAME STREFT ADDRESS CITY-ST-ZP			☐ Deleta		· I		,		Change	Addition
Indicated	on this reporability compar	e information supplied with it is true and accurate and the contract of the receiver or trustee	and my signature shall have empowered to execute this	report as	e legal effect as if no required by Chap	nado under oatl ter 608, Fiorida	n; that I am a mana Statutes.	ging membe	that the info or manage	r of the

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DOCUMENT #L06000120822 1. Entity Name
LIBERTY INVESTORS LLC ATTACHMENT 30000831 Principal Place of Business Mailing Address 2770 SOUTH OCEAN BLVD., 201-S 2770 SOUTH OCEAN BLVD., 201-S PALM BEACH, FL 33480 PALM BEACH, FL 33480 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-837/193 Not Applicable Country Zin Country \$5.00 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 Zio Code 6. 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 regulatived agent and talls if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Determ TIRE ☐ Change ☐ Addition MCDONALD, TIMOTHY S NAME MALE STREET ADDRESS 2770 SOUTH OCEAN BLVD., 201-S STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Change ☐ Addition MCDONALD, LIUBOV G NAME 2770 SOUTH OCEAN BLVD., 201-S STREET ADDRESS STREET ADDRESS CITY-ST-ZP PALM BEACH, FL 33480 CTTY-SI-ZIP TITLE Delate TITI F ☐ Addition Change HAME HAME STREET ADDRESS STREET ADORESS CITY-ST-ZW CITY-ST-ZIP TITLE ☐ Delein TITLE ☐ Change ☐ Addition NAME MAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZP CITY-S1-ZW BRE □ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 11. 1 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: 1/19/07 IIM MCDONALD 646-633-2046