2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

Principal Prace of Business 200 LUCIEN WAY, STE 410 MATLAND, FL 32751 MATLAND, F	DOCUMENT # L0700007167 1. Entity Name LIBERTY VP NORTH ORANGE, LLC					04-24-2008 90020 010 ***138.75				
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Name Street Address of New Registered Agent City FL Zip Code City FL Zip Code S. the above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the hobigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the hobigations of registered agent. Signature Si	City & State		City & State			4. FEI Numbe	29127			
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Since Address (P.O. Box Number is Not Acceptable) FL Zip Code 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, spot or printed rows of ingestered agent. SIGNATURE Signature, spot or printed rows of ingestered agent and the if additions. Make chack payable to Florida Department of State 9. MANAGING MEMBERS / MANAGERS 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES SINEST ADDRESS OCTY-ST-2P 111E Delete 111E NAME SIREST ADDRESS COTY-ST-2P Cottange Addition NAME SIREST ADDRESS COTY-ST-2P COT	MIKKELSON	WM MICHAEL	ver ***	Name						j
Entry State of Finds	2200 LUCIEN WAY, STE 410 MAITLAND, FL 32751			Street	Address (I	P.O. Box Numbe	r is Not Acceptable	a)		
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11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information	FILE NO After May 1, 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OW!!! FEE IS \$138.75 , 2008 Fee will be \$538.75	S/MANAGERS Delete Delete Delete Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Prewman 220 Ma Dire Ado Sar Will Sar	sident . Michael b Lucier itland cctor am Mik me as	ADDITIONS, Mikkelson Way, St FL 32 Kelson Above	Te check parametric changes CHANGES TO 410 751	nange nange Change	Addition Addition Addition

Thereby certify that the mioritation supplied with this illing does not quality for the exemptions contained in Chapter 119, horizon databases. Further certify that 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: Misself Males Wm. Michied MIKKELSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE