## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L07000014540  1. Entity Name					04-24-2008 90020 014 ***138.75			
LIBERTY VP APOPKA, LLC					,	DUNEOIA	ı <del>J</del>	
Principal Place of Business 2200 LUCIEN WAY, STE. 410 MAITLAND, FL 32751		Mailing Address 2200 LUCIEN WAY, STE MAITLAND, FL 32751	. 410		(1000000			is agrees for lasts
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #; etc.		Suite, Apt. #, etc.			01112008	Chg-LLC	CR2E083 (12/0	06)
City & State		City & State			4. FEI Numb	*8403T	765	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$5.00 Fee Req	Additional uired
<u></u>	6. Name and Address of Curre	t Registered Agent			7. Name and	Address of New Ro	egistered Agent	
MIKKELSO	ON, WM. MICHAEL		Name					
2200 LUCI	JIEN WAY, STE. 410 D, FL 32751		Street A	Address (F	P.O. Box Numb	er is Not Acceptable	)	
	•							
	·		City				rL	Code
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office o	r registere	ed agent, or bo	th, in the State of Flo	rida. I am familiar v	ith, and accept
SIGNATURE								
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable (NOTE	: Registered Agent signa	ture required	when reinstating)		DATE	
FiLE	Signature, typed or printed name of registered age NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538:		: Registered Agent signa	beriuper enut	when reinstating)		DATE  check payable to Department of S	
FiLE	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.		Registered Agent signa			Florida	a check payable to Department of S	
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.	75	10.			Florida	a check payable to Department of S	tate
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After May  9. TITLE	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.	BERS/MANAGERS Delete	10. TITLE NAME	Pro 220 Ma	esiden n. Mic no Luc itland	Florida	a check payable to Department of S	tate
FILE After May  9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.	75 BERS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Pro 220 Ma	esiden n. Mic no Luci itland rectur	ADDITIONS/ Hael Mik en Way, FL 3	check payable to Department of S  CHANGES  Kelson Ster. 410  2751	ge Addition
FILE After May  9. TITLE NAME STREET-ADDRESS CITY-ST-ZIP	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.	BERS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pri 222 Ma Div Ad	esiden n. Mic no Luci itland rector am M	ADDITIONS/ thael Mik en Way, FL 3	check payable of Department of S  CHANGES  Kelsum  Stev. 410  2751  Chan	ge Addition
FILE After May  9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.	SERS/MANAGERS  Delete  Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Pro 221 Ma Div Ad Sau	esiden n. Mic po Luc itland rector am M me a	ADDITIONS/ Hael Mik en Way, FL 3	check payable of Department of S  CHANGES  Kelsun  Ster. 410  2751  Chan	ge Addition  ge Addition
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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: Win Michael Wy. Michael Millhelsim 4/22/08 407-774-861'
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date