2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L07000023243 1. Entity Name LIBERTY VP OCOEE, LLC					04-24-2008 90020 045 ***138.75				
Principal Place of Business 2200 LUCIEN WAY STE 410 MAITLAND, FL 32751		Mailing Address 2200 LUCIEN WAY STE MAITLAND, FL 32751			<u>.</u>	60028	180		
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2. Principal P	lace of Business - No P.O. Bo	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,		01112008	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State	City & State		4. FEI Numb	854988'	7		oplied For ot Applicable
Zip	Country	Zip	Country	у	5. Certificate	e of Status Desired		5.00 Add ee Require	
	6. Name and Address of	Current Registered Agent	<u>. </u>		7. Name and	d Address of New R	egistered Ag	gent	
·		and the same of th	j	Name	···-				
2200 LUCI	ON, WM MICHAEL EN WAY STE 410 O. FL 32751				(P.O. Box Number is Not Acceptable)				
		िक्षिण्ड १८८७ के प्र							
				City			FL	Zip Cod	e
8. The above the obligat	named entity submits this stat ions of registered agent.	tement for the purpose of changing its	registered	d office or register	ed agent, or bo	oth, in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE .									
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered of the printed in applicable in applicable in the printed in applicable in applicable in the printed in applicable								
	NOW!II FEE IS \$138.	75	E: Registered A	Agent signature required	when reinstating)		e check par Department	-	9
	NOWIII FEE IS \$138.7 1, 2008 Fee will be \$	75	E: Registered A	Agent signature required	when reinstating)		e check pa Departme	-	8
After May	NOWIII FEE IS \$138.7 1, 2008 Fee will be \$	75 538.75		fve<	dent	Florida ADDITIONS/	e check pa Department	-	P 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: Misled Misled Wm. Michael Mikhelson signature and typed or printed name of signing managing member, manager, or authorized representative