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

ANNUAL REPORT	 NY

DOCUI  1. Entity Nam LIBERTY	523					04-24-2008 9			75	
Principal Place 2200 LUCIEN MAITLAND, F	WAY, STE 410	Mailing Address 2200 LUCIEN WAY, STE 410 MAITLAND, FL 32751				1 .FETTER 1.1				111 <b>20</b> ) (111 180)
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			,	01112008	Chg-LLC	CR2E0	83 (12/06)	l
City & State		City & State			4. FEI Numl	8726 <i>8</i>	48		pplied For ot Applicable	
Zip	Country	Zip	Count	try		5. Certificat	e of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent		News		7. Name an	d Address of New	Registered A	Agent	
MIKKELSON, WM. MICHAEL 2200 LUCIEN WAY, STE 410 MAITLAND, FL 32751				Name Street Address (P.O. Box Number is Not Acceptable)						
<i>,</i> *		City				FL Zip Code				
8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purpose of changing its r	registere	ed office or	registere	ed agent, or b	oth, in the State of F	lorida. 1 am 1	familiar with,	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent.	and title if annicable (NOTE	Posintered	d Agent signatu	re required	when reinstations		DATE		
		and the mappinguote. (1401)	. Inchaine			er ar i to matering y		UATE		
FILE After May	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		. Hoystelat			The state of the s		ke check p		te
FILE After May	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 MANAGING MEMBE	,	10.			The state of the s	Florid	ke check p	ent of Stat	te -
After May	/ 1, 2008 Fee will be \$538.75	,	10. TITLE NAME STREE	:	Pre Wm 210	sident mich o Luci	ADDITIONS  ADDITIONS  ADDITIONS  ADDITIONS	ke check p da Departm S/CHANGES SKC ISOV SKC ISOV	ent of Stat	Addition
9. TITLE NAME **STREET ADDRESS	/ 1, 2008 Fee will be \$538.75	RS/MANAGERS	10. TITLE NAME STREI CITY- TITLE NAME STREI	E E ET ADDRESS -ST-ZIP	Pre Wm 210 Mai Div Add	sident Mich o Luci itland (ctor am M	ADDITIONS  ADDITIONS  ADDITIONS  ADDITIONS	ke check p da Departm	ent of Stat	F
9. TITLE NAME, STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	/ 1, 2008 Fee will be \$538.75	RS/MANAGERS Delete	10. TITLE NAME STREI CITY TITLE NAME STREI CITY TITLE NAME STREI	ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	Pre wm 210 Mai Div Ada Sai	sident. Mich on Luci itland. (ctor am mer as	ADDITIONS THE WAY.  FL 3:  IKKEISON	ike check p la Departm 5/CHANGES OKCISOV Ste. 4 2751	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	/ 1, 2008 Fee will be \$538.75	RS/MANAGERS Delete	TITLE NAME STREI CITY TITLE NAME STREI CITY TITLE NAME STREI CITY TITLE NAME STREI CITY TITLE NAME STREI NAME STREI NAME STREI	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E T ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	Pre wm 210 Mai Div Ada Sai	sident. Mich on Luci itland. (ctor am mer as	ADDITIONS THE ADDITIONS THE ADDITIONS THE ADDITIONS ADDITIONS TO MANUAL TO THE ADDITIONS TO	ike check p la Departm 5/CHANGES OKCISOV Ste. 4 2751	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	/ 1, 2008 Fee will be \$538.75	RS/MANAGERS  Delete  Delete	TITLE NAME STREI CITY TITLE NAME STREI CITY TITLE NAME STREI CITY TITLE NAME STREI CITY TITLE NAME STREI NAME STREI CITY TITLE NAME STREI NAME STREI NAME STREI NAME STREI NAME STREI NAME	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	Pre wm 210 Mai Div Ada Sai	sident. Mich on Luci itland. (ctor am mer as	ADDITIONS THE ADDITIONS THE ADDITIONS THE ADDITIONS ADDITIONS TO MANUAL TO THE ADDITIONS TO	ike check p la Departm 5/CHANGES OKCISOV Ste. 4 2751	Change Change Change	Addition  Addition

I nereby certify that the information supplied with this floor of evering lines 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 Mikkelson 4/22/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date