2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075980

Address:

City-St-Zip:

Entity Name: LIBERTY VP GUNN HIGHWAY, LLC

FILED Apr 22, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of Business:		
	IEN WAY, STE D, FL 32751	E. 410			
Current M	lailing Addres	ss:	New Mailing Address:		
	IEN WAY, STE D, FL 32751	E. 410			
FEI Number	: 26-4665614	FEI Number Applied For ()	FEI Number Not Appli	licable () Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
2200 LUCI	ON, WM. MICH IEN WAY, STE D, FL 32751	IAEL E. 410 US			
The above in the State	named entity e of Florida.	submits this statement for the	purpose of changing it	ts registered office or registered agent, or	both
SIGNATU	RE:				
		nic Signature of Registered Ag	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip: Title: Name: Address:	MIKKELSON, N 2200 LUCIEN N MAITLAND, FL	NAY STE. 410 32751) Delete NDAM	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
City-St-Zip:	MAITLAND, FL		City-St-Zip:		
Title: Name: Address: City-St-Zip:	D (JOHNSTON, W 2200 LUCIEN MAITLAND, FL	WAY STE. 410	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	() Delete	Title: Name:	MGRM () Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

2200 LUCIEN WAY STE 410

MATILAND, FL 32751

SIGNATURE: WM MICHAEL MIKKELSON P 04/22/2009