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## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State
04-24-2008 90019 050 \*\*\*138.75

Entity Name     LIBERTY VP PROVIDENCE, LLC	;		
Principal Place of Business 2200 LUCIEN WAY, SUITE 410 MATTLAND, FL 32751	Mailing Address 2200 LUCIEN WAY, SUIT MAITLAND, FL 32751	TE 410	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04042008 Chg-LLC CR2E083 (12/06)
City & State	City & State		4. FEI Number Agented For Not Applicable
Žip Country	Zip	Country	5. Certificate of Status Desired Security Securi
6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered Agent
MIKKELSON, WM. MICHAEL 2200 LUCIEN WAY, SUITE 410 MAITLAND, FL 32751		Name Street Addi	ess (P.O. Box Number is Not Acceptable)
هما هذه المحاولة المراجعة على المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة ال		City	FL Zip Code
The above named entity submits this statems the obligations of registered agent.		registered office of re	istered agent, or both, in the State of Florida. I am temiliar with, and accept
SIGNATURE Signature, typeed or printed name of registered	egent and site of explicable. (NOTE	: Regisseed Agent signature r	quired when revisitating) CATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$53	8.75		Make check payable to Florida Department of State
9. MANAGING M	MBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZP.	☐ Delete	NAME \	resident  Jm. michael Mikkelson  -200 Lucien Way Suite 410  Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete .	NAME	Same as Moove
TITLE HAME STREET ADDRESS CITY-ST-ZP	☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dohnston Change Dradition Villiam Johnston Same as Above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-20P	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-2IP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Changa ☐ Addition
indicated on this report is true and accurate limited liability company or the receiver or the SIGNATURE:	i overi ligha endengis ym gerii one e	eport as required by	ikkelson 4/22/08 407-774-8818