


FILED
May 21, 2008 8:00 am
Secretary of State

04-24-2008 90019 030 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

30006958

DOCUMENT # L07000079227					
1. Entity Name LIBERTY VP SPRINGFIELD, LLC					
Principal Place of Business 2200 LUCIEN WAY SUITE 410 MAITLAND, FL 32751			Mailing Address 2200 LUCIEN WAY SUITE 410 MAITLAND, FL 32751		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <i>None</i>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MIKKELSON, WM MICHAEL 2200 LUCIEN WAY SUITE 410 MAITLAND, FL 32751			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
			President	Wm. Michael Mikkelsen	2200 Lucien Way, Ste. 210
			Director	Adam Mikkelsen	Same as Above
			Director	William Johnston	Same as Above
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: <i>Wm. Michael Mikkelsen</i>			Wm. Michael Mikkelsen		4/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #
					407-774-8818