


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-24-2008 90020 006 ***138.75

DOCUMENT # L07000093213

1. Entity Name
LIBERTY VP ROCKVILLE, 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 #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country



01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-1094716

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |

Handwritten entries in column 10:
 President Wm. Michael Mikkelson, 2200 Lucien Way, Ste. 410, Maitland, FL 32751
 Director Adam Mikkelson, 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: *Wm. Michael Mikkelson* **Wm. Michael Mikkelson** **4/22/08** **907-774-8818**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #