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					-	020 000 ***138	
Principal Place of Business Mailing Address 2200 LUCIEN WAY, SUITE 410 2200 LUCIEN WA MAITLAND, FL 32751 MAITLAND, FL 3			WAY, SUITE 410		BII BBII 1881) 88111 88111 83111	. 83113 F8188 NING NASH NEGS	
2. Principal Place of Business - No P.O. Box # 3. Mai		3. Mailing Address	Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0111200	Chg-LLC	CR2E083 (12/06)
City & State		City & State		4. FEI Nun 26	nber -10947-16		Applied For Not Applicable
Zip	Country	Zíp	Country	5. Certifica	te of Status Desired	S \$5.00 Ac Fee Requir	
	6. Name and Address of Current	t Registered Agent		7. Name a	nd Address of New Re	egistered Agent	
MIKKELSON, WM. MICHAEL 2200 LUCIEN WAY, SUITE 410 MAITLAND, FL 32751				Name Street Address (P.O. Box Number is Not Acceptable)			
		City				FL Zip Co	de
8. The above the obligat	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	s registered office	or registered agent, or	ooth, in the State of Flor	rida. I am familiar with	n, and accept
SIGNATURE.	<u> </u>						
Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							
	NOW!!! FEE IS \$138.75		TE: Hegistered Agent sign	ature required when reinstating)		check payable to Department of Sta	
After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.7	5		ature required when reinstating)	Florida	check payable to Department of Sta	
After May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.7	5	10.		Florida ADDITIONS/0	check payable to Department of Sta	ite
After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.7	5 ERS/MANAGERS	10.	fresident Wm. Mic 2200 Luci	ADDITIONS/O	CHANGES Change Change Change	ite
9. TITLE NAME STREET ADDRESS	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.7	5 ERS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	fresident Wm. Mic 2200 Wai Maitland Director Adam	ADDITIONS/O nace Mikk en way, FL 327	CHANGES Change Change Change	ite
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.7 MANAGING MEMB	ERS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	fresident Wm. Mic 2200 Wai Maitland Director Adam	ADDITIONS/O ADDIT	CHANGES Change CHANGES Change Change Change Change Change Change Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.7 MANAGING MEMB	ERS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	President Wm. Mic 2200 Luci Maitland Divector Adam Same Oivector William	ADDITIONS/O nace Mikk en way, FL 327	check payable to Department of Sta CHANGES Change CHANGES Change Change Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.7 MANAGING MEMB	ERS/MANAGERS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	President Wm. Mic 2200 Luci Maitland Divector Adam M Same C Divector William Same	ADDITIONS/O nad Mikk en way. FL 327 liktelson Ls Above	check payable to Department of Sta CHANGES Change CHANGES Change Change Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.7 MANAGING MEMB	ERS/MANAGERS Delete Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	fresident Wm. Mic 2200 Luci Maitland Director Adam M Same of Director William Same	ADDITIONS/O nad Mikk en way. FL 327 liktelson Ls Above	check payable to Department of Sta CHANGES Change Change Change Change	Addition Addition

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: Ma Michael Mikhelson Wichael Mikhelson Signature and typed or printed name of signing managing member, manager, or authorized representative