


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-24-2008 90019 032 \*\*\*138.75

<b>DOCUMENT # L07000093509</b>					
1. Entity Name LIBERTY VP ELLENTON, LLC					
Principal Place of Business 2200 LUCIEN WAY, STE. 410 MAITLAND, FL 32751		Mailing Address 2200 LUCIEN WAY, STE. 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			
Zip	Country	Zip	Country	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
				01112008 Chg-LLC CR2E083 (12/06)	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MIKKELSON, WM. MICHAEL 2200 LUCIEN WAY, STE. 410 MAITLAND, FL 32751			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b>				Make check payable to Florida Department of State	
<b>After May 1, 2008 Fee will be \$338.75</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE		<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Addition
NAME			NAME	President	
STREET ADDRESS			STREET ADDRESS	Wm. Michael Mikkelson	
CITY-ST-ZIP			CITY-ST-ZIP	2200 Lucien Way, Ste. 410	
				Maitland, FL 32751	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Addition
NAME			NAME	Adam Mikkelson	
STREET ADDRESS			STREET ADDRESS	Same as Above	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Addition
NAME			NAME	William Johnston	
STREET ADDRESS			STREET ADDRESS	Same as Above	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 Mikkelson</i>		Wm. Michael Mikkelson		4/22/08	
				407-774-8818	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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