


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-24-2008 90019 027 \*\*\*138.75

<b>DOCUMENT # L07000094176</b> 1. Entity Name <b>LIBERTY VP PLANT CITY, LLC</b>					
Principal Place of Business <b>2200 LUCIEN WAY, SUITE 410 MAITLAND, FL 32751</b>			Mailing Address <b>2200 LUCIEN WAY, SUITE 410 MAITLAND, FL 32751</b>		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MIKKELSON, WM. MICHAEL</b> <b>2200 LUCIEN WAY, SUITE 410</b> <b>MAITLAND, FL 32751</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$338.75</b>			Make check payable to <b>Florida Department of State</b>		
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 checked="" type="checkbox"/> Addition	
			President <b>Wm. Michael Mikkelsen</b> <b>2200 Lucien Way, Ste 410</b> <b>Maitland, FL 32751</b>		
			Director <b>Adam Mikkelsen</b> Same as Above		
			Director <b>William Johnston</b> Same as Above		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Wm. Michael Mikkelsen</u> <b>Wm. Michael Mikkelsen</b> <u>4/22/08</u> <u>707-774-8818</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number ☒ Applies For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required