2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT #1,07000100102



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

04-24-2008 90020 009 ***138.75

1. Entity Name LIBERTY VP PANAMA CITY WEST, LLC										
Principal Place of Business 2200 LUCIEN WAY, SUITE 410 MAITLAND, FL 32751			Mailing Address 2200 LUCIEN WAY, SUITE 410 MAITLAND, FL 32751				បូមប⊷	,010	•	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01112008	Chg-LLC	CR2E	083 (12/06)	··
City & State			City & State			4. FEI Numbe	r		A	pplied For
Zip	Zip Country		Zip Country			1	30066 of Status Desired	<u>R</u>	\$5.00 Ad	
6. Name and Address of Current			registered Agent		- "	7. Name and Address of New Registered Agent				
o. Italile and Address of Collent Registered Agent					ame	7. Nume and	Addition of How I	registered	- Agent	
MIKKELSON, WM. MICHAEL 2200 LUCIEN WAY, SUITE 410 MAITLAND, FL 32751					Street Address (P.O. Box Number is Not Acceptable)					
,				Ci	ity			FL	Zip Cod	de
8. The above the obligation	named entit	ty submits this statement for tered agent.	r the purpose of changing its	registered of	ffice or register	ed agent, or both	n, in the State of Fk	orida. I am	familiar with	, and accept
SIGNATURE	Signature typec	d or printed name of registered agent a	and title if applicable (NOTE	E- Panietarad Ana	nt signature required	Luban mineration		DATE		
	o.B. maio.a, types	or printed raine or registered again t								
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FILE	E NOW!!!	FEE IS \$138.75 Fee will be \$538.75						e check	payable to nent of Sta	te
FILE After May	E NOW!!!	FEE IS \$138.75	s	10.				e check a Departn	nent of Sta	te
FILE After May	E NOW!!! y 1, 2008	FEE IS \$138.75 Fee will be \$538.75	s		Pres Wm Dress 220	sident . Michael to Lucie	ADDITIONS, MICKUSS Way, St	CHANGES	hent of Sta	te Addition
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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 Mikkelson SIGNATURE and TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #