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

2008	LIMITED	LIAE	<b>3ILITY</b>	COMP	ANY
	ANN	UAL	REPOF	RT.	

DOCUMENT # L07000108346  1. Entity Name LIBERTY VP WORCESTER-MILLBURY, LLC					04-24-2008 90020 040 ***138.75 60028185					
Principal Place of Business Mailing Address						600%	100			
2200 LUCIEN WAY, STE. 410 MAITLAND, FL 32751		2200 LUCIEN WAY, STE. 410 MAITLAND, FL 32751			ı 18811911 SIL S	1811) 1881: 881: 831: 83	81 MBH 88111 (818	13 Hilli Blêlê Bi	HEFT III 1881	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		011	12008	Chg-LLC	CR2E08	3 (12/06)		
City & State		City & State		4. F	El Number	1300118		<u> </u>	oplied For of Applicable	
Zip	Country	Zip	Country			of Status Desired	F	5.00 Add ee Require		
	6. Name and Address of Currer	nt Registered Agent	None	7. N	ame and	Address of New R	legistered Ag	gent		
MIKKELSO	ON WM MICHAEL		Name						}	
MIKKELSON, WM. MICHAEL 2200 LUCIEN WAY, STE. 410 MAITLAND, FL. 32751			Street /	Street Address (P.O. Box Number is Not Acceptable)						
			City	<del></del>			FL	Zip Cod	le	
8. The above the obligati	named entity submits this statement ions of registered agent.	for the purpose of changing its r	egistered office	or registered ago	ent, or both	n, in the State of Flo	orida. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable (NOTE:	Registered Agent signa	ature required when re	nstating)		DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75										
FILE After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.1	75					e check pa a Departme	•	6	
FILE After May	7 1, 2008 Fee will be \$538.7	75 BERS/MANAGERS	10.				Departme	•	0	
9.	7 1, 2008 Fee will be \$538.7		TITLE	Preside	7+	ADDITIONS	Departme	•	<b>e</b>	
After May	7 1, 2008 Fee will be \$538.7	BERS/MANAGERS		2200 W	chael cien	ADDITIONS.  MICKELOY Way, Sie.	CHANGES	nt of Stat		
9. TITLE NAME STREET ADDRESS	7 1, 2008 Fee will be \$538.7	BERS/MANAGERS	TITLE NAME STREET ADDRESS	Wm. Mi 2200 W Maitland Director	chael cien , FL	ADDITIONS, MIKKESOY Way, Ste. 4 32751	CHANGES	nt of Stat		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	7 1, 2008 Fee will be \$538.7	BERS/MANAGERS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Wm. Mi 2200 W Maitland	chael cien FL Mikke	ADDITIONS, MIKKESOY Way, Ste. 4 32751	CHANGES	hange (	Addition	
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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.