## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 24, 2008 8:00 am Secretary of State **DOCUMENT #L07000124751** 04-24-2008 90019 047 \*\*\*138.75 1. Entity Name LIBERTY VP HYMEADOW, LLC Principal Place of Business Mailing Address 2200 LUCIEN WAY 2200 LUCIEN WAY STE 410 STE 410 MAITLAND, FL 32751 MAITLAND, FL 32751 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042008 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4 de - 158 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MIKKELSON, WM. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2200 LUCIEN WAY STE 410 MAITLAND, FL 32751 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE ☐ Delete TITLE President ☐ Change Addition wm. michael mikkelson NAME NAME 2200 Lucien Way, Suite 410 Maitland, FL 32751 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Director Addition TITLE ☐ Change ☐ Delete TITLE Adam mikkelson NAME NAME STREET ADDRESS STREET ADDRESS Same as Above CITY-ST-7IP CITY-ST-7IP Addition ☐ Change TITI F Delete TITE F Director Johnston NAME NAME William STREET ADDRESS STREET ADDRESS Above 100 Same CITYAST CITY-ST-ZIP Change ☐ Addition TITLE -☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

wm. Michael Mikkelson

**FILED**