

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000108296

**FILED  
Jul 14, 2009  
Secretary of State**

**Entity Name:** LIBERTY PROPERTIES OF FLORIDA, LLC

**Current Principal Place of Business:**

120 WALL STREET SUITE 2220  
C/O LEAHEY & JOHNSON  
NEW YORK, NY 10005

**New Principal Place of Business:**

**Current Mailing Address:**

120 WALL STREET SUITE 2220  
C/O LEAHEY & JOHNSON  
NEW YORK, NY 10005

**New Mailing Address:**

**FEI Number:** 94-3454765      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

INCORPORATING SERVICES, LTD.  
1540 GLENWAY DRIVE  
TALLAHASSEE, FL 32301    US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: AILES, ROGER E  
Address: 120 WALL STREET SUITE 2220  
City-St-Zip: NEW YORK, NY 10005

**ADDITIONS/CHANGES:**

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROGER AILES

MGR

07/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date