

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001764

1. Entity Name

LIBERTY ASSOCIATES, LC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 15 AM 10: 02

Principal Place of Business  
12301 N.W. 39TH STREET  
CORAL SPRINGS FL 33065

Mailing Address

12301 N.W. 39TH STREET  
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0860664

Applied For

Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

Change  Addition

TITLE MGRM  
NAME WORTLEY, JOSEPH G JR.  
STREET ADDRESS 1330 THATCH PALM DRIVE  
CITY-ST-ZIP BOCA RATON FL 33432

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

456 ALEXANDER Palm Rd.

TITLE MGRM  
NAME GATES, WILLIAM R  
STREET ADDRESS 6 HUNTERS RUN  
CITY-ST-ZIP TABERNACLE NJ 08088

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3000003399213-9  
-09/20/00-01022--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9/8/10

Date

954-255-2608

Daytime Phone #

CR2E083 (5/03)