


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L98000001764 1. Entity Name LIBERTY ASSOCIATES, LC	
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Principal Place of Business 637 JIM MORAN BLVD DEERFIELD BEACH, FL 33442	Mailing Address 637 JIM MORAN BLVD DEERFIELD BEACH, FL 33442
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DO NOT WRITE IN THIS SPACE

02122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0860664	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WORTLEY, JOSEPH G JR 456 ALEXANDER PALM ROAD BOCA RATON, FL 33432
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WORTLEY, JOSEPH G JR. 456 ALEXANDER PALM RD. BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GATES, WILLIAM R 6 HUNTERS RUN TABERNACLE, NJ 08088
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03/12/07-80015-007 50.00

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: Carol Spooner, Asst Secy 2/27/07 561-798-9901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #