


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M04000004742**

1. Entity Name  
LIBERTY PLACE-ORLANDO, LLC



Principal Place of Business: 920 S. WAUKEGAN ROAD, LAKE FOREST IL 60045  
Mailing Address: 920 S. WAUKEGAN ROAD, LAKE FOREST IL 60045

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



1st MOORE CR2E083 (10/04)

4. FEI Number: 56-2414188 Applied For Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE FL 32301-2525  
7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE: MGRM NAME: WESTMINSTER MANAGEMENT INC. STREET ADDRESS: 920 S. WAUKEGAN ROAD CITY-ST-ZIP: LAKE FOREST IL 60045	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
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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] 4/29/05 847 735-012  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #