

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000068163

Entity Name: LIBERTY PARTNERS, INC.

**FILED**  
**Mar 11, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

498 PALM SPRINGS DRIVE  
100  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

498 PALM SPRINGS DRIVE  
100  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 36-4456162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MURPHY, DAVID M  
15113 MASTHEAD LANDING CIR  
WINTER GARDEN, FL 34787 US

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

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: DAVID M. MURPHY

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: COB ( ) Delete  
Name: MURPHY, DAVID M  
Address: 15113 MASTHEAD LANDING CIRCLE  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M. MURPHY

Electronic Signature of Signing Officer or Director

COB

03/11/2008

Date