

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000091110

**FILED**  
**May 07, 2009**  
**Secretary of State****Entity Name:** LIQUIDITY INVESTMENTS, INC.**Current Principal Place of Business:**7240 WEST MCNAB ROAD  
NORTH LAUDERDALE, FL 33068**New Principal Place of Business:****Current Mailing Address:**7240 WEST MCNAB ROAD  
NORTH LAUDERDALE, FL 33068**New Mailing Address:****FEI Number:** 03-0454354**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LIVINGSTON, LEACROFT W  
12050 NW 10TH STREET  
CORAL SPRINGS, FL 33071 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LIVINGSTON, BEVERLY  
Address: 7240 WEST MCNAB ROAD  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: S ( ) Delete  
Name: LIVINGSTON, LEACROFT W  
Address: 7040 WEST MCNAB ROAD  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: T ( ) Delete  
Name: BROWN, ANDRE  
Address: 7040 WEST MCNAB ROAD  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VP ( ) Delete  
Name: WILLIAMS, LEE A  
Address: 4902 UMBRELLA TREE LANE  
City-St-Zip: TAMARAC, FL 33319

Title: SVP (X) Delete  
Name: GEORGIA, MILLINGIN  
Address: 250 SAN REMO BLVD  
City-St-Zip: NORTH LAUDERDALE, FL 33068 FL

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

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

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

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

Title: VP (X) Change ( ) Addition  
Name: GEORGIA, MILLINGIN  
Address: 250 SAN REMO BLVD  
City-St-Zip: NORTH LAUDERDALE, FL 33068

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:** LEACROFT LIVINGSTON

SVP

05/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date