

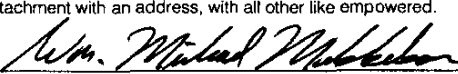


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90347 037 \*\*\*150.00

<b>DOCUMENT # P98000067891</b> 1. Entity Name <b>LIBERTY ORMOND BEACH, INC.</b>					
Principal Place of Business <b>310 W CENTRAL PARKWAY, SUITE 7000</b> <b>ALTAMONTE SPRINGS, FL 32714</b>				Mailing Address <b>310 W CENTRAL PARKWAY, SUITE 7000</b> <b>ALTAMONTE SPRINGS, FL 32714</b>	
2. Principal Place of Business  2200 LUCIEN WAY, STE 410 MAITLAND FL 32751		3. Mailing Address  2200 LUCIEN WAY, STE 410 MAITLAND FL 32751			
Zip 		Country 		04282006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>59-3525437</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MIKKELSON, W MICHAEL</b> <b>310 W CENTRAL PARKWAY, SUITE 7000</b> <b>ALTAMONTE SPRINGS, FL 32714</b>			7. Name and Address of New Registered Agent  Name 2200 LUCIEN WAY, STE 410 (Acceptable) MAITLAND FL 32751  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIKKELSON, W MICHAEL <input type="checkbox"/> Delete <del>310 W CENTRAL PARKWAY, SUITE 7000</del> <del>ALTAMONTE SPRINGS, FL 32714</del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2200 LUCIEN WAY, STE 410 <input type="checkbox"/> Change <input type="checkbox"/> Addition MAITLAND FL 32751	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PELSKI, BRIAN A <input type="checkbox"/> Delete <del>310 W CENTRAL PARKWAY, STE 7000</del> <del>ALTAMONTE SPRINGS, FL 32714</del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2200 LUCIEN WAY, STE 410 <input type="checkbox"/> Change <input type="checkbox"/> Addition MAITLAND FL 32751	
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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"/> Addition	
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"/> Addition	
12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/28/06 407 774 8818 Daytime Phone #		