

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S38378

FILED
Apr 02, 2004
Secretary of State

Entity Name: LIBERTY HOSPITALITY, INC.

Current Principal Place of Business:

7861 VINA CT
CHULUOTA, FL 32766 US

New Principal Place of Business:

1861 VINA CT
CHULUOTA, FL 32766 US

Current Mailing Address:

365 CARRIAGE WAY CT
OVIEDO, FL 32765 US

New Mailing Address:

1861 VINA CT
CHULUOTA, FL 32766 US

FEI Number: 59-3057316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, EUGENE
365 CARRIAGE WAY CT
OVIEDO, FL 32765

Name and Address of New Registered Agent:

KAPLAN, EUGENE
1861 VINA CT
CHULUOTA, FL 32766 US

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: EUGENE KAPLAN

04/02/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: KAPLAN, EUGENE
Address: 1861 VINA CT
City-St-Zip: CHULUOTA, FL 32766

Title: D (X) Delete
Name: KAPLAN, EUGENE,
Address: 365 CARRIAGE WAY CT
City-St-Zip: OVIEDO, FL 32765

Title: VD () Delete
Name: KAPLAN, DAVID L.,
Address: 2540 WASSUM TRL
City-St-Zip: CHULUOTA, FL 32766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: KAPLAN, EUGENE
Address: 1861 VINA CT
City-St-Zip: CHULUOTA, FL 32766

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EUGENE KAPLAN

PST

04/02/2004

Electronic Signature of Signing Officer or Director

Date