



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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| DOCUMENT # M04000003356 1. Entity Name DARNELL H. HAWKINS - LEE VISTA, ORLANDO, LLC |  |
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|---|---|
| Principal Place of Business 6200 THE COMERS PARKWAY NORCROSS, GA 30092-3365 | Mailing Address 6200 THE COMERS PARKWAY NORCROSS, GA 30092-3365 |
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FILED
 2006 JAN 26 PM 1:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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|---|---------------------------------------|
| 01052006 No Chg-LLC | CR2E083 (11/05) |
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

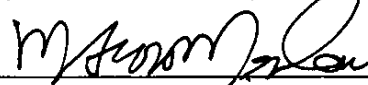
Filing Fee is \$50.00
 Due by May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HAWKINS, DARNELL H 6200 THE COMERS PARKWAY NORCROSS, GA 300923365 |
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02/03/06--01008--003 **50.00

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11. 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 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: 
1-23-06 770-243-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #