

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

07 JAN 17 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M04000003356
1. Entity Name
DARNELL H. HAWKINS - LEE VISTA, ORLANDO, LLC

Principal Place of Business *CORNERS*
6200 THE ~~CORNERS~~ PARKWAY
NORCROSS, GA 30092-3365

Mailing Address *CORNERS*
6200 THE ~~CORNERS~~ PARKWAY
NORCROSS, GA 30092-3365

[Handwritten Signature]



01042007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

900086142829
01/24/07--01037--018 **50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAWKINS, DARNELL H. <i>CORNERS</i> 6200 THE CORNERS PARKWAY NORCROSS, GA 300923365
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**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]* M. Scott Meadows 1/10/07 (710) 449-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #