


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
08 JAN 11 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000003356 1. Entity Name DARNELL H. HAWKINS - LEE VISTA, ORLANDO, LLC	
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Principal Place of Business 6200 THE CORNERS PARKWAY NORCROSS, GA 30092-3365	Mailing Address 6200 THE CORNERS PARKWAY NORCROSS, GA 30092-3365
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DO NOT WRITE IN THIS SPACE



01022008No Chg-LLC		CR2E083 (12/07)	
4. FEI Number NOT APPLICABLE		Applied For	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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	HAWKINS, DARNELL H
STREET ADDRESS	6200 THE CORNERS PARKWAY
CITY-ST-ZIP	NORCROSS, GA 300923365
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

500115387385
01/17/08--01020--003 **138.75

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: M. Scott Meadows M. Scott Meadows 1/3/08 770449-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone *