
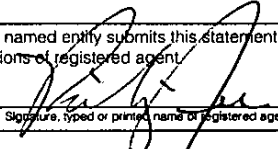
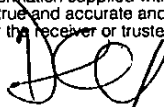


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90066 008 ****55.00

| | | | | | |
|---|---------------------------------|---|--|---|--|
| DOCUMENT # L04000091664 1. Entity Name LEE VISTA SERVICE CENTER, LLC | | | |  | |
| Principal Place of Business 1917 BOOTHE CIRCLE LONGWOOD, FL 32750 | | | Mailing Address 1917 BOOTHE CIRCLE LONGWOOD, FL 32750 | | |
| 2. Principal Place of Business 1917 Boothe Circle Suite, Apt. #, etc. Suite 151 City & State Longwood, FL Zip 32750 | | 3. Mailing Address PO Box 941719 Suite, Apt. #, etc. City & State Maitland, FL Zip 32794 | | | |
| Country Seminole | | Country Orange | | 4. FEI Number 06-1737633 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent MOORE, DONALD L 1917 BOOTHE CIRCLE LONGWOOD, FL 32750 | | | 7. Name and Address of New Registered Agent Name Richard T. Lee Street Address (P.O. Box Number is Not Acceptable) 7050 Augusta National Dr. City Orlando FL Zip Code 32822 | | |
| 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 8/8/05 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by September 7, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  PREES, LEE VISTA HOLDINGS, INC 8/3/05 407-339-9883 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |