2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 15, 2008 8:00 am Secretary of State

DOCUMENT # L0400091664 1. Entity Name LEE VISTA SERVICE CENTER, LLC				04-15-2008 90102 040 ***143.75	
Principal Place 503 WEKIVA APOPKA, FL	Te of Business COMMONS CIRCLE 32712 4848LAKCO Mt Dala FL Place of Business - No P.O. Box #	Mailing Address PO BOX 1029 APOPKA, FL 32704 ALTON DR.		50002985 	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing/Address		F HEDITRIY EN OFTIN EISTH FORM FORM FORM FORM INTO SINTE BUILD INSVENTION INTER	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04092008 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number Applied For 06-1737633 Not Applicable	
Zip	Country	Zíp	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required	
	6. Name and Address of Current I	 Registered Agent		7. Name and Address of New Registered Agent	
	· · · · · · · · · · · · · · · · · · ·		Name	- 112	
LEE, RICHARD T 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822			Street Addres	ss (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
	a named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accep	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NO	E: Registered Agent signature requ	uired when reinstating) DATE	
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State	
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE VISTA HOLDINGS, INC. P.O. BOX 1029 APOPKA, FL 32704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME . STREET ADDRESS CITY-ST-ZIP		CJ Delege	NAME STREET ADDRESS CITY-ST-ZIP		

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE