2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001088

Current Principal Place of Business:

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

KENNESAW, GA 30144

GUTRIDGE, WAYNE

KENNESAW, GA 30144

KENNESAW, GA 30144

(X) Delete

(X) Delete

BARDWELL, L. RICHARD M.D.

1701 BARRETT LAKES BLVD., STE. 500

1701 BARRETT LAKES BLVD., STE. 500

MGR

MGR

Entity Name: M.S. LEE INTERNATIONAL, LLC

FILED Apr 07, 2005 Secretary of State

New Principal Place of Business:

1701 BARRETT LAKES BLVD., STE. 500 KENNESAW, GA 30144 **Current Mailing Address: New Mailing Address:** 1701 BARRETT LAKES BLVD., STE. 500 KENNESAW, GA 30144 FEI Number: 20-0086702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete LEE, MARK S Name: Name: 1701 BARRETT LAKES BLVD., STE. 500 Address: Address: City-St-Zip: KENNESAW, GA 30144 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MCDANIEL, TERRY Name: Name: Address: 1701 BARRETT LAKES BLVD., STE, 500 Address: City-St-Zip: KENNESAW, GA 30144 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition GLIOTO, ANTHONY VAN AUTREVE, THOMAS E Name: Name: 1701 BARRETT LAKES BLVD., STE. 500 Address: Address: 1701 BARRETT LAKES BLVD., STE. 500

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

City-St-Zip:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

KENNESAW, GA 30144

() Change () Addition

() Change () Addition

SIGNATURE: THOMAS E. VAN AUTREVE CFO 04/07/2005