2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED DOCUMENT # M04000003426 1. Entity Name COLLIER-LEE VISTA, ORLANDO, LLC 07 JAN 17 AM 9: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6200 THE CORNERS PARKWAY 6200 THE CORNERS PARKWAY NORCROSS, GA 30092-3365 NORCROSS, GA 30092-3365 CR2E083 (11/05) 01042007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 (NOTE: Registered Agent signature required when reinstating)

01/24/07-01037-014 **50 Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME **COLLIER FAMILY TRUST DATED 3/12/91** STREET ADDRESS 6200 THE CORNERS PARKWAY CITY-ST-ZIP NORCROSS, GA 300923365 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY+ST-7/P TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

M. Scott Meadows