

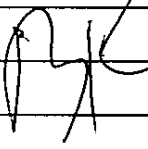
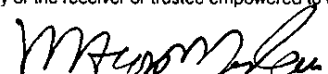


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # M04000003784</b> 1. Entity Name <b>CARMEN R. FERREIRA - LEE VISTA, ORLANDO, LLC</b>						<div style="transform: rotate(-15deg); font-weight: bold; font-size: 24px;">FILED</div> <div style="font-weight: bold; font-size: 18px;">05 FEB 15 PM 5:42</div> <div style="font-weight: bold; font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>					
Principal Place of Business <b>6200 THE COMERS PARKWAY NORCROSS, GA 30092-3365</b>				Mailing Address <b>6200 THE COMERS PARKWAY NORCROSS, GA 30092-3365</b>							
2. Principal Place of Business		3. Mailing Address				02032005		Chg-LLC		CR2E083 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				4. FEI Number		<input checked="" type="checkbox"/> Applied For		<input checked="" type="checkbox"/> Not Applicable	
City & State		City & State				5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required			
Zip		Country		Zip		Country					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City					
						<b>FL</b> Zip Code					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>											
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>								<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS						10. ADDITIONS/CHANGES					
TITLE NAME		MGRM WELLS MANAGEMENT COMPANY, INC. <input checked="" type="checkbox"/> Delete		TITLE NAME		MGRM Carmen R. Ferreira <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
STREET ADDRESS		6200 THE COMERS PARKWAY		STREET ADDRESS		6200 The Corners Parkway					
CITY-ST-ZIP		NORCROSS, GA 300923365		CITY-ST-ZIP		NORCROSS, GA 30092-3365					
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP				CITY-ST-ZIP							
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP				CITY-ST-ZIP							
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP				CITY-ST-ZIP							
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP				CITY-ST-ZIP							
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 						2/07/05		770-449-7800			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE						Date		Daytime Phone #			
<b>M. Scott Meadows, Independent Manager</b>											