

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000003784
 1. Entity Name
 CARMEN R. FERREIRA - LEE VISTA, ORLANDO, LLC



| | |
|---|---|
| Principal Place of Business 6200 THE COMERS PARKWAY NORCROSS, GA 30092-3365 | Mailing Address 6200 THE COMERS PARKWAY NORCROSS, GA 30092-3365 |
|---|---|

FILED
 2006 JAN 27 PM 1:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01052006No Chg-LLC CR2E083 (11/05)

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| | |
|---|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

**DO NOT WRITE
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) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------|-------------------------|
| TITLE | MGRM |
| NAME | FERREIRA, CARMEN R |
| STREET ADDRESS | 6200 THE COMERS PARKWAY |
| CITY - ST - ZIP | NORCROSS, GA 300923365 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
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| STREET ADDRESS | |
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**DO NOT WRITE
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11. I hereby certify that the information supplied with this filing 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: *M. Ferreira* 1-23-06 770-243-8506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #