


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # M04000003784</b> 1. Entity Name CARMEN R. FERREIRA - LEE VISTA, ORLANDO, LLC	
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FILED

07 JAN 17 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <i>CORNERS</i> 6200 THE <del>CORNERS</del> PARKWAY NORCROSS, GA 30092-3365	Mailing Address <i>CORNERS</i> 6200 THE <del>CORNERS</del> PARKWAY NORCROSS, GA 30092-3365
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BR



01042007 No Chg-LLC      CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2007**

300086143793  
01/24/07--01037--031 \*\*50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	FERREIRA, CARMEN R. <i>CORNERS</i>
STREET ADDRESS	6200 THE <del>CORNERS</del> PARKWAY
CITY - ST - ZIP	NORCROSS, GA 300923365
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE

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. Scott Meadows*      M. SCOTT MEADOWS      1/10/07      (770) 449-7800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #