

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
08 JAN 11 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M04000003784 1. Entity Name CARMEN R. FERREIRA - LEE VISTA, ORLANDO, LLC	
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Principal Place of Business 6200 THE CORNERS PARKWAY NORCROSS, GA 30092-3365	Mailing Address 6200 THE CORNERS PARKWAY NORCROSS, GA 30092-3365
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**DO NOT WRITE IN THIS SPACE**



01022008No Chg-LLC      CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent

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

*[Handwritten Signature]*

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FERREIRA, CARMEN R 6200 THE CORNERS PARKWAY NORCROSS, GA 300923365
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700115386607  
01/17/08--01018--018 \*\*138.75

**DO NOT WRITE  
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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: *[Handwritten Signature]* M. Scott Meadows      1/3/08      770-449-7800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #