2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000003785

1. Entity Name
JOSE R. FERREIRA - LEE VISTA, ORLANDO, LLC

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

Principal Place of Business
6200 THE CORNERS PARKWAY
NORCROSS, GA 30092-3365

Mailing Address
6200 THE CORNERS PARKWAY
NORCROSS, GA 30092-3365

01232006 No Chg-LLC CR2E083 (11/05)

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4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (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, JOSE R
STREET ADDRESS	6200 THE CORNERS PARKWAY
CITY-ST-ZIP	NORCROSS, GA 300923365
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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02/14/06--01053--002 **50.00

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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: _____ 1-23-06 770-243-8506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #