

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**07 JAN 17 AM 8:59**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**DOCUMENT # M04000003785**  
1. Entity Name  
**JOSE R. FERREIRA - LEE VISTA, ORLANDO, LLC**

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

*Handwritten signature*



01042007 No Chg-LLC      CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**NOT APPLICABLE**       **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**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

**200086142062**  
01/24/07--01037--009 \*\*50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERREIRA, JOSE R 6200 THE CORNERS PARKWAY NORCROSS, GA 300923365
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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 #