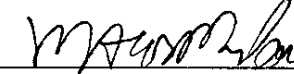


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000004314 1. Entity Name MOORHEADONE, LEE VISTA, ORLANDO, LLC					
Principal Place of Business 6200 THE CORNERS PARKWAY NORCROSS, GA 30092-3365			Mailing Address 6200 THE CORNERS PARKWAY NORCROSS, GA 30092-3365		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLS MANAGEMENT COMPANY, INC. 6200 THE CORNERS PARKWAY NORCROSS, GA 300923365 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ronald M. Sorensen, Trustee of The Ronald M. Sorensen Trust 6200 The Corners Parkway Norcross, GA 30092-3365 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			2/7/05 770-449-7800 Date Daytime Phone #		
M. Scott Meadows, Independent Manager					

FILED

05 FEB 15 PM 5:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

