

**2007 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

FILED

07 JAN 17 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042007 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

**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

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, 2007**

800086141848
01/24/07--01037--007 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RONALD M. SORENSEN LIVING TRUST
6200 THE CORNERS PARKWAY
NORCROSS, GA 300923365

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

M. Scott Meadows 1/10/07

(770) 449-7800