


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000005061 1. Entity Name RANSON - 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

FILED

2006 JAN 27 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052006No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	RANSON, JOHN R
STREET ADDRESS	6200 THE CORNERS PARKWAY
CITY-ST-ZIP	NORCROSS, GA 300923365
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/06--01053--005 **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:  1-23-06 770-243-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #