


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 JAN 11 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



01022008No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> 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

BK

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RANSON, JOHN R 6200 THE CORNERS PARKWAY NORCROSS, GA 300923365
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01/17/08--01019--015 **138.75

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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: M. Scott Meadows M. Scott Meadows 1/3/08 770-449-7800

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