

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M05000000333

1. Entity Name

J & D CHANDLER - 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
08 JAN 11 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01022008No Chg-LLC

CR2E083 (12/07)

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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

BK

**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 _____

**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
CHANDLER, JAMES C
6200 THE CORNERS PARKWAY
NORCROSS, GA 300923365

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CHANDLER, DOROTHY M
6200 THE CORNERS PARKWAY
NORCROSS, GA 300923365

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

800115386368
01/17/08--01018--012 **138.75

**DO NOT WRITE
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

M. Scott Meadows 1/3/08 770449-7800

Date

Daytime Phone #