

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # M05000000963</b>		
1. Entity Name HOLLY TREE - 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	
DO NOT WRITE IN THIS SPACE		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<div style="display: flex; justify-content: space-between;"><div>Filing Fee is \$50.00 Due by May 1, 2007</div><div style="text-align: right;">900086143329 01/24/07--01037--023 **50.00</div></div>		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE	MGRM	
NAME	HOLLY TREE PROPERTIES, LLC	
STREET ADDRESS	6200 THE CORNERS PARKWAY	
CITY- ST- ZIP	NORCROSS, GA 30092 - 3365	
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TITLE		DO NOT WRITE IN THIS SPACE
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NAME		
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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 1/10/07 (770) 449-7800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		