

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000001279

1. Entity Name

THALMAN - ORLANDO - LEE VISTA, ORLANDO, LLC



FILED

07 JAN 17 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

6200 THE CORNERS PARKWAY  
NORCROSS, GA 30092-3365

Mailing Address

6200 THE CORNERS PARKWAY  
NORCROSS, GA 30092-3365



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

600086142936  
01/24/07--01037--021 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
THALMAN PROPERTIES, LLC  
6200 THE CORNERS PARKWAY  
NORCROSS, GA 300923365

TITLE  
NAME  
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CITY - ST - ZIP

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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

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

Date

Daytime Phone #