

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006213

FILED
Jan 11, 2004
Secretary of State

Entity Name: REFLECTIONS OF GREENERY, LLC

Current Principal Place of Business:

19829 COUNTY RD 455
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

PO BOX 168
FERNDALE, FL 34729

New Mailing Address:

FEI Number: 59-2895534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BHAVSAR, KASHMIRA I
105 E ROBINSON ST., 4TH FL
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

BHAVSAR, KASHMIRA I
1053 MAITLAND CENTER COMMONS BLVD
2ND FLOOR
MAITLAND, FL 32751 US

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.

SIGNATURE: KASHMIRA BHAVSAR

01/11/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: TAYLOR, JOHN D
Address: 10719 VERSAILLE BLVD
City-St-Zip: CLERMONT, FL

Title: MGRM () Delete
Name: TAYLOR, MARGARET A
Address: 10719 VERSAILLE BLVD
City-St-Zip: CLERMONT, FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TAYLOR, JOHN D
Address: 10719 VERSAILLES BLVD
City-St-Zip: CLERMONT, FL 34711

Title: MGRM (X) Change () Addition
Name: TAYLOR, MARGARET A
Address: 10719 VERSAILLES BLVD
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN D TAYLOR

MGRN

01/11/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date