


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000006213
 1. Entity Name
 REFLECTIONS OF GREENERY, LLC



Principal Place of Business: 19829 COUNTY RD 455, CLERMONT, FL 34711
 Mailing Address: PO BOX 168, FERNDALE, FL 34729

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02252005 No Chg-LLC CR2E083 (10/03)
 4. FEI Number: 59-2895534 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 BHAVSAR, KASHMIRA I
 1053 MAITLAND CENTER COMMONS BLVD
 2ND FLOOR
 MAITLAND, FL 32751

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, JOHN D 10719 VERSAILLES BLVD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, MARGARET A 10719 VERSAILLES BLVD CLERMONT, FL 34711
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: JOHN D. TAYLOR 3-7-05 107-469 1228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #