


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-12-2006 90021 018 ****50.00

DOCUMENT # L0100006213			
1. Entity Name REFLECTIONS OF GREENERY, LLC			
Principal Place of Business 19829 COUNTY RD 455 CLERMONT, FL 34711		Mailing Address PO BOX 168 FERNDAL, FL 34729	
2. Principal Place of Business 10719 Versailles Blvd Suite, Apt. #, etc.		3. Mailing Address 10719 Versailles Blvd Suite, Apt. #, etc.	
City & State Clermont, FL		City & State Clermont, FL	
Zip 34711	Country USA	Zip 34711	Country USA
4. FEI Number 59-2895534		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>H.A. Taylor MGRM</u>		DATE <u>4-5-06</u>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, JOHN D 10719 VERSAILLES BLVD CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, MARGARET A 10719 VERSAILLES BLVD CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>H.A. Taylor MGRM</u>		Date <u>4-20-06</u> 352-242-0296	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	