

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000664

FILED
Aug 27, 2008
Secretary of State

Entity Name: REFLECTION LAKES MANAGER, INC.

Current Principal Place of Business:

3100 MONTICELLO AVE SUITE 200
DALLAS, TX 75205

New Principal Place of Business:

Current Mailing Address:

3100 MONTICELLO AVE SUITE 200
DALLAS, TX 75205

New Mailing Address:

FEI Number: 20-4225468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FRIEDMAN, WILLIAM S
Address: 423 WEST 55TH STREET, 12TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: DS () Delete
Name: MANSFIELD, KATHRYN
Address: 3100 MONTICELLO AVE SUITE 200
City-St-Zip: DALLAS, TX 75205

Title: DV () Delete
Name: MILLER, NANCY
Address: 423 WEST 55TH STREET, 12TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: D (X) Delete
Name: HAY, SUZANNE M
Address: 2711 CENTERVILLE RD 3RD FLOOR
City-St-Zip: WILMINGTON, DE 19808

Title: D (X) Delete
Name: DREYER, MICHELLE A
Address: 2711 CENTERVILLE RD 3RD FLOOR
City-St-Zip: WILMINGTON, DE 19808

Title: CFO () Delete
Name: FAGERLI, BUD
Address: 200 E LAS OLAS BLVD SUITE 1660
City-St-Zip: FT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN MANSFIELD

DS

08/27/2008

Electronic Signature of Signing Officer or Director

Date