2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011520

1. Entity Name
REFLECTION COVE L.L.C.

Principal Place of Business	Mailing Address
3399 PGA BLVD., STE. 450	3399 PGA BLVD., STE. 450
PALM BEACH GARDENS FL 33410	PALM BEACH GARDENS FL 33410

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country

4. FEI Number 65-1041021 | Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
PETER D. CUMMINGS & ASSOCIATES, INC. 3399 PGA BLVD., STE. 450 PALM BEACH GARDENS FL 33410	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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

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-05/08/01--01053--020
*****50.00 *****50.00

CR2E083 (11/00)

9.	MANAGING MEMBERS / MEMBERS		**10.**	ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE MGR NAME REFLECTION EQUITIES LLC STREET ADDRESS 3399 PGA BLVD, SUITE 450 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410.		☐ Change	☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ PETER D. CUMMINGS, MGR.   4-16-01   561-630-6110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #