

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90096 006 ***100.00

DOCUMENT # L00000011520

1. Entity Name

REFLECTION COVE L.L.C.

Principal Place of Business

**3399 PGA BLVD., STE. 450
PALM BEACH GARDENS FL 33410**

Mailing Address

**3399 PGA BLVD., STE. 450
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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****PETER D. CUMMINGS & ASSOCIATES, INC.
3399 PGA BLVD., STE. 450
PALM BEACH GARDENS FL 33410****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.

SIGNATURE

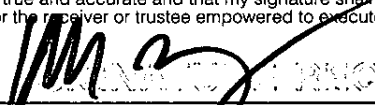
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS****TITLE MGR
NAME REFLECTION EQUITIES LLC
STREET ADDRESS 3399 PGA BLVD., STE. 450
CITY-ST-ZIP PALM BEACH GARDENS FL 33410** ☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Delete**10. ADDITIONS/CHANGES****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE
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STREET ADDRESS
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Change ☐ Addition**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: **KEITH L. CUMMINGS** 3-1-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)