2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

Jan 29, 2007 08:00 AM **Secretary of State** DOCUMENT # L01000000339 1. Entity Name REFLECTIONS, L.C. Principal Place of Business Mailing Address 575 S WICKHAM RD 575 S WICKHAM RD SUITE E SUITE E WEST MELBOURNE, FL 32904 WEST MELBOURNE, FL 32904 CR2E083 (11/05) 01052007 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2911580 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CLARK, COY A DO NOT WRITE 575 S WICKHAM RD SUITE E IN THIS SPACE WEST MELBOURNE, FL 32904 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling) 1,0000006088378 Filing Fee is \$50.00 Due by May 1, 2007 02/01/07-80032-017 50.00 MANAGING MEMBERS/MANAGERS 9, MGRM TITLE CLARK, COY A STREET ADDRESS 575 S WICKHAM ROAD, STE E CITY-ST-ZIP WEST MELBOURNE, FL 32904 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

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

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.