2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000019646

Entity Name
 REFLECTIONS RESTORATION LLC



FILED Jul 22, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

828 MARSH HARBOUR BAY PORT ST. LUCIE, FL 34986 828 MARSH HARBOUR BAY PORT ST. LUCIE, FL 34986



07072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRECHBILL, MARK E CPA 506 S. FEDERAL HIGHWAY SUITE 202 STUART, FL 34994

SIGNATURE: M

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-19-04

SIGNATURE	Signature, typed or printed hame of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by September 8, 2004			
9.	MANAGING MEMBERS/MANAGERS	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCELLATO, MICHAEL J 828 MARSH HARBOUR BAY PORT ST. LUCIE, FL 34986		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
BILE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS DITY-ST-ZIP			
TRILE NAME STREET ADDRESS CITY-ST-ZIP			
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 employered to execute this report as required by Chapter 608, Florida Statutes.			

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