

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000022691 1. Entity Name REFLECTIONS AT GOODBY'S CREEK, L.L.C.	
--	---

Principal Place of Business 4580 JULINGTON CREEK ROAD JACKSONVILLE, FL 32258	Mailing Address 4580 JULINGTON CREEK ROAD JACKSONVILLE, FL 32258
--	--

DO NOT WRITE IN THIS SPACE



02062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 61-1424479	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**DEAL, BLAKE F III, ESQ
BARTLETT & DEAL, P.A.
135 PROFESSIONAL DRIVE SUITE 101
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE
IN THIS SPACE**

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 re-appointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DOSTIE, RENE 4580 JULINGTON CREEK ROAD JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V EDMONDS, DANA 9309 OLD KINGS RD S, SUITE 1-A JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000431169
02/23/06-80016-014 50.00

11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *Rene Dostie* 2/7/06 904-880-6441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #