## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000045576

Entity Name: REFLECTION MORTGAGE PROCESSING, LLC

Apr 21, 2004 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 1617 SANTA BARBARA BLVD CAPE CORAL, FL 33991 **Current Mailing Address: New Mailing Address:** 1617 SANTA BARBARA BLVD CAPE CORAL, FL 33991 FEI Number: 20-0531743 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MITCHEL, AMANDA 1617 SANTA BARBARA BLVD. CAPE CORAL, FL 33991 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: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGRM () Change () Addition () Delete VALENTINE, MATTHEW Name: Name: Address: 1617 SANTA BARBARA BLVD Address: City-St-Zip: CAPE CORAL, FL 33991 City-St-Zip: MGRM () Delete Title: () Change () Addition

Title:

Name: MITCHEL, AMANDA Address: 1617 SANTA BARBARA BLVD City-St-Zip: CAPE CORAL, FL 33991

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

**MGRM** SIGNATURE: MATTHEW VALENTINE 04/21/2004