

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045576

FILED  
Jan 06, 2005  
Secretary of State

**Entity Name:** REFLECTION MORTGAGE PROCESSING, LLC

**Current Principal Place of Business:**

1617 SANTA BARBARA BLVD  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

1617 SANTA BARBARA BLVD  
CAPE CORAL, FL 33991

**New Mailing Address:**

**FEI Number:** 20-0531743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MITCHEL, AMANDA  
1617 SANTA BARBARA BLVD.  
CAPE CORAL, FL 33991 US

**Name and Address of New Registered Agent:**

MITCHELL, AMANDA  
1617 SANTA BARBARA BLVD.  
CAPE CORAL, FL 33991 US

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: AMANDA MITCHELL

01/06/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: VALENTINE, MATTHEW  
Address: 1617 SANTA BARBARA BLVD  
City-St-Zip: CAPE CORAL, FL 33991

Title: MGRM ( ) Delete  
Name: MITCHEL, AMANDA  
Address: 1617 SANTA BARBARA BLVD  
City-St-Zip: CAPE CORAL, FL 33991

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
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.

SIGNATURE: MATT VALENTINE

MGRM

01/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date