

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045576

FILED  
Jan 05, 2006  
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:**

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

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

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/MANAGERS:**

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 Chapter 119, 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:** MATTHEW VALENTINE

MGRM

01/05/2006

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