

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029584

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: REFLECTIVE RENDERING, LLC

## Current Principal Place of Business:

10111 COLONIAL COUNTRY CLUB BLVD.  
#2305  
FORT MYERS, FL 33913 US

## New Principal Place of Business:

3557 MALAGROTTA CIRCLE  
CAPE CORAL, FL 33909 US

## Current Mailing Address:

10111 COLONIAL COUNTRY CLUB BLVD  
#2305  
FORT MYERS, FL 33913 US

## New Mailing Address:

3557 MALAGROTTA CIRCLE  
CAPE CORAL, FL 33909 US

FEI Number: 51-0518204

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DRISKELL, JEREMY M  
10111 COLONIAL COUNTRY CLUB BLVD  
#2305  
FORT MYERS, FL 33913 US

## Name and Address of New Registered Agent:

DRISKELL, JEREMY M  
3557 MALAGROTTA CIRCLE  
CAPE CORAL, FL 33909 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: JEREMY DRISKELL

04/26/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DRISKELL, JEREMY M  
Address: 10111 COLONIAL COUNTRY CLUB BLVD #2305  
City-St-Zip: FORT MYERS, FL 33913 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DRISKELL, JEREMY M  
Address: 3557 MALAGROTTA CIRCLE  
City-St-Zip: CAPE CORAL, FL 33909 US

I hereby certify that the information supplied with this filing does not qualify 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: JEREMY DRISKELL

MGRM

04/26/2007

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