

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90030 021 ****50.00

DOCUMENT # L04000031613					
1. Entity Name REFLECTIONS OFFICE ASSOCIATES, LLC					
Principal Place of Business 644 SEABREEZE BLVD STE 1000 DAYTONA BEACH, FL 32118			Mailing Address 644 SEABREEZE BLVD STE 1000 DAYTONA BEACH, FL 32118		
2. Principal Place of Business 444 Seabreeze Blvd.		3. Mailing Address 444 Seabreeze Blvd.			
Suite, Apt. #, etc. Suite 1000		Suite, Apt. #, etc. Suite 1000			
City & State Daytona Beach, FL.		City & State Daytona Beach, FL.			
Zip 32118	Country	Zip 32118	Country		
4. FEI Number 20-1128414				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TOWER, DEVIN 444 SEABREEZE BLVD STE 4000 DAYTONA BEACH, FL 32118			7. Name and Address of New Registered Agent Name Charles S. Lichtigman Street Address (P.O. Box Number is Not Acceptable) 444 Seabreeze Blvd. Suite 1000 City Daytona Beach FL Zip Code 32118		
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 <u>Charles S. Lichtigman</u> DATE <u>4/20/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOWER, DEVIN 444 SEABREEZE BLVD, STE 1000 DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LICHTIGMAN, CHARLES 444 SEABREEZE BLVD, STE 1000 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, SANFORD 444 SEABREEZE BLVD, STE 1000 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, SANFORD 444 SEABREEZE BLVD, STE 1000 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, SANFORD 444 SEABREEZE BLVD, STE 1000 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 608, Florida Statutes.					
SIGNATURE: <u>Charles S. Lichtigman</u> DATE: <u>4/20/06</u> DAYTIME PHONE: <u>386 238 3600</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					