

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90079 044 ****50.00

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DOCUMENT # L04000031613 1. Entity Name REFLECTIONS OFFICE ASSOCIATES, LLC					
Principal Place of Business 444 SEABREEZE BLVD STE 1000 DAYTONA BEACH, FL 32118			Mailing Address 444 SEABREEZE BLVD STE 1000 DAYTONA BEACH, FL 32118		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04232007 Chg-LLC CR2E083 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 20-1128414	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TOWER, DEVIN 444 SEABREEZE BLVD STE 1000 DAYTONA BEACH, FL 32118				7. Name and Address of New Registered Agent Name <u>Lichtigman, Charles S.</u> Street Address (P.O. Box Number is Not Acceptable) <u>444 Seabreeze Blvd</u> Ste 1000 City <u>Daytona Beach</u> FL <u>32118</u>	
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><i>Charles S. Lichtigman</i></u> <u>Charles S. Lichtigman, Managing Member</u> <u>04/23/07</u> <small>Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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	MGRM MILLER, SANFORD 444 SEABREEZE BLVD, STE 1000 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, SANFORD 444 SEABREEZE BLVD, STE 1000 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete			
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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			
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><i>Charles S. Lichtigman</i></u>			(386)238-3600		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		