

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059545

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: MARION REFLECTIONS, LLC

**Current Principal Place of Business:**

13161 SW 2ND COURT  
OCALA, FL 34473

**New Principal Place of Business:**

1850 SW 20TH PLACE  
OCALA, FL 34474

**Current Mailing Address:**

13161 SW 2ND COURT  
OCALA, FL 34473

**New Mailing Address:**

1801 CHANDELLE COURT  
PT. ORANGE, FL 32128

FEI Number: 20-1846506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KRAMER, ROBERT E ESQ.  
555 WEST GRANADA BLVD., SUITE A-9  
ORMOND BEACH, FL 32174 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: SCHREIBER, HENRY  
Address: 1801 CHANDELL COURT  
City-St-Zip: PORT ORANGE, FL 32128

Title: MGRM ( ) Delete  
Name: GUTAPFEL, JEFFREY  
Address: 13161 SOUTHWEST COURT  
City-St-Zip: OCALA, FL 34473

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: GUTAPFEL, JEFFREY  
Address: 1850 SW 20TH PLACE  
City-St-Zip: OCALA, FL 34474

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: HENRY SCHREIBER

MGRM

04/27/2006

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