

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073182

FILED  
Jun 30, 2005  
Secretary of State

Entity Name: REFLECTION INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

1617 SANTA BARBARA BOULEVARD  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

1617 SANTA BARBARA BOULEVARD  
CAPE CORAL, FL 33991

**New Mailing Address:**

FEI Number: 20-1746537      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BUCKLEY, J. PATRICK  
1633 S.E. 47 TERRACE  
CAPE CORAL, FL 33910      US

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

VALENTINE, MATTHEW R  
1617 SANTA BARBARA BLVD  
CAPE CORAL, FL 33991      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: MATTHEW R VALENTINE

06/30/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VALENTINE, MATTHEW  
Address: 2849 SOUTHWEST 51ST STREET  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM ( ) Delete  
Name: VALENTINE, CRISTY  
Address: 2849 SOUTHWEST 51ST STREET  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM (X) Delete  
Name: PETRELLA, EDNA  
Address: 4909 SORRENTO COURT  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM (X) Delete  
Name: KRON, LORNA  
Address: PO BOX 166  
City-St-Zip: FORT OGDEN, FL 342670166

Title: MGRM (X) Delete  
Name: MIKELL, SHARRY  
Address: 133 SOUTHEAST 43RD TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM ( ) Delete  
Name: MITCHELL, AMANDA  
Address: 5624 SOUTHWEST 10TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES:**

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

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

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

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

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 Section 119.07(3)(i), 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 R VALENTINE

MGRM

06/30/2005

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