

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073182

FILED
Jan 11, 2007
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 ()

Name and Address of Current Registered Agent:

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

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: MATTHEW VALENTINE

MGRM

01/11/2007

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