

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012368

FILED  
Mar 13, 2007  
Secretary of State

**Entity Name:** REFLECTIONS MORTGAGE SERVICES, LLC

**Current Principal Place of Business:**

1111 NE 25TH AVENUE  
SUITE 104  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

15964 NW 10TH CIRCLE  
CITRA, FL 32113

**New Mailing Address:**

1111 NE 25TH. AVENUE  
SUITE 104  
OCALA, FL 34470

**FEI Number:** 27-0115809

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAAG, DENNIS J  
15964 NW 10TH CIRCLE  
CITRA, FL 32113 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: HAAG, DENNIS J  
Address: 15964 NW 10TH CIRCLE  
City-St-Zip: CITRA, FL 32113

Title: MGRM ( ) Delete  
Name: MEANEY, LORETTA L  
Address: 1617 NE 19TH AVENUE  
City-St-Zip: OCALA, FL 34470

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: MEANEY, LORETTA L  
Address: 5282 NE 64TH. AVENUE  
City-St-Zip: SILVER SPRINGS, FL 34488

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: DENNIS J. HAAG

MGRM

03/13/2007

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