

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

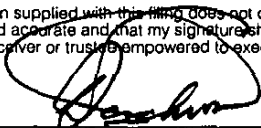
FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90270 014 ****50.00

20020037



03062006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000053104					
1. Entity Name REFLECTIONS A-09, LLC					
Principal Place of Business 10924 NW 69 STREET MIAMI, FL 33178			Mailing Address 10924 NW 69 STREET MIAMI, FL 33178		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2933700	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA-OLIVER & MAINIERI, P.A. 782 N.W. LE JEUNE ROAD, SUITE 447 MIAMI, FL 33126			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VECCHIO, RAFAEL 10924 N.W. 69 STREET MIAMI, FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERCHAN, JORGE 10924 NW 69 ST MIAMI, FL 33178	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REVILLA, HECTOR 10924 NW 69 ST MIAMI, FL 33178	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, LUIS 10924 NW 69 ST MIAMI, FL 33178	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNKHADAR, PATRICIA 10924 NW 69 ST MIAMI, FL 33178	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, MIGUEL 10924 NW 69 ST MIAMI, FL 33178	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: 			Date: 3/19/06 Daytime Phone #: 305-591-5666		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					