

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000005014

Entity Name: REFLECTIONS DEVELOPER, LLC**Current Principal Place of Business:**30 HUDSON YARDS,
72ND FLOOR
NEW YORK, NY 10001**Current Mailing Address:**30 HUDSON YARDS,
72ND FLOOR
NEW YORK, NY 10001 US**FEI Number:** 83-4133967**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGING MEMBER	Title	AUTHORIZED MEMBER
Name	RELATED AFFORDABLE, LLC	Name	JMP INVESTOR, LLC
Address	30 HUDSON YARDS, 72ND FLOOR	Address	30 HUDSON YARDS, 72ND FLOOR
City-State-Zip:	NEW YORK NY 10001	City-State-Zip:	NEW YORK NY 10001
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	FULL LINE, LLC	Name	WEDNESDAY HILL LLC
Address	30 HUDSON YARDS, 72ND FLOOR	Address	30 HUDSON YARDS, 72ND FLOOR
City-State-Zip:	NEW YORK NY 10001	City-State-Zip:	NEW YORK NY 10001
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	MJA ACQUISITIONS, LLC	Name	ADP VENTURES, LLC
Address	30 HUDSON YARDS, 72ND FLOOR	Address	30 HUDSON YARDS, 72ND FLOOR
City-State-Zip:	NEW YORK NY 10001	City-State-Zip:	NEW YORK NY 10001
Title	AUTHORIZED MEMBER		
Name	HA, LONG		
Address	30 HUDSON YARDS, 72ND FLOOR		
City-State-Zip:	NEW YORK NY 10001		

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALEXIS KREMEN**AUTHORIZED PERSON****04/21/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date