

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000005014

Entity Name: REFLECTIONS DEVELOPER, LLC**Current Principal Place of Business:**60 COLUMBUS CIR, 19TH FLOOR
NEW YORK, NY 10023**Current Mailing Address:**60 COLUMBUS CIR, 19TH FLOOR
NEW YORK, NY 10023 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
Name RELATED AFFORDABLE, LLC
Address 60 COLUMBUS CIR, 19TH FLOOR
City-State-Zip: NEW YORK NY 10023

Title AUTHORIZED MEMBER
Name JMP INVESTOR, LLC
Address 60 COLUMBUS CIR, 19TH FLOOR
City-State-Zip: NEW YORK NY 10023

Title AUTHORIZED MEMBER
Name FULL LINE, LLC
Address 60 COLUMBUS CIR, 19TH FLOOR
City-State-Zip: NEW YORK NY 10023

Title AUTHORIZED MEMBER
Name WEDNESDAY HILL LLC
Address 60 COLUMBUS CIR, 19TH FLOOR
City-State-Zip: NEW YORK NY 10023

Title AUTHORIZED MEMBER
Name MJA ACQUISITIONS, LLC
Address 60 COLUMBUS CIR, 19TH FLOOR
City-State-Zip: NEW YORK NY 10023

Title AUTHORIZED MEMBER
Name ADP VENTURES, LLC
Address 60 COLUMBUS CIR, 19TH FLOOR
City-State-Zip: NEW YORK NY 10023

Title AUTHORIZED MEMBER
Name HA, LONG
Address 60 COLUMBUS CIR, 19TH FLOOR
City-State-Zip: NEW YORK NY 10023

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: JENNIFER MCCOOL**SECRETARY****01/23/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date