

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059452

FILED
Jan 24, 2006
Secretary of State

Entity Name: AMERIFIRST DIRECT, LLC

Current Principal Place of Business:

6405 SHADOW CREEK VILLAGE CIRCLE
LAKE WORTH, FL 33463

New Principal Place of Business:

740 CAMELLIA COURT
PLANTATION, FL 33317

Current Mailing Address:

P.O. BOX 292106
DAVIE, FL 333292106

New Mailing Address:

FEI Number: 56-2476456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

KIEFNER & HUNT, PA
146 SECOND STREET NORTH
SUITE #300
ST. PETERSBURG, FL 33701 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: CLIFFORD HUNT

01/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAIN, JORDAN S
Address: 6405 SHADOW CREEK VILLAGE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: MGR () Delete
Name: NEELY, ROBERT E
Address: 6405 SHADOW CREEK VILLAGE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: S () Delete
Name: NEELY, ROBERT E
Address: 6405 SHADOW CREEK VILLAGE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: T () Delete
Name: CAIN, JORDAN S
Address: 6405 SHADOW CREEK VILLAGE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAIN, JORDAN S
Address: 6830 POPPY HILLS LANE, #1214
City-St-Zip: CHARLOTTE, NC 28226

Title: MGR (X) Change () Addition
Name: NEELY, ROBERT E
Address: 740 CAMELLIA COURT
City-St-Zip: PLANTATION, FL 33317

Title: S (X) Change () Addition
Name: NEELY, ROBERT E
Address: 740 CAMELLIA COURT
City-St-Zip: PLANTATION, FL 33317

Title: T (X) Change () Addition
Name: CAIN, JORDAN S
Address: 6830 POPPY HILLS LANE, #1214
City-St-Zip: CHARLOTTE, NC 28226

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: JORDAN S. CAIN

T

01/24/2006

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