


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M04000004874**

1. Entity Name  
**AMERIFIRST NATIONAL FINANCIAL OF NAPLES, LLC**



Principal Place of Business  
**2536 COUNTRYSIDE BLVD., 6TH FLOOR  
 CLEARWATER, FL 33763**

Mailing Address  
**2536 COUNTRYSIDE BLVD., 6TH FLOOR  
 CLEARWATER, FL 33763**



02032006 No Chg-LLC CR2E063 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1607820</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NORTH, HEATHER L  
 2536 COUNTRYSIDE BLVD., SIXTH FLOOR  
 CLEARWATER, FL 33763**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTH, TIM 2536 COUNTRYSIDE BLVD., SIXTH FLOOR CLEARWATER, FL 33763
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 04/04/06-80041-010 50.00

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:  **TIMOTHY D. NORTH** **727-726-0726**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #