


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M04000004875

1. Entity Name
AMERIFIRST NATIONAL FINANCIAL OF SARASOTA, 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 CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1607766	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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**

2. 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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 04/04/06-80041-011 50.00

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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 #