

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90168 028 ****50.00

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02272007 Chg-LLC CR2E083 (12/06)

DOCUMENT # M04000004876					
1. Entity Name AMERIFIRST NATIONAL FINANCIAL OF VENICE, LLC					
Principal Place of Business 333 S. TAMiami TRAIL SUITE 174 VENICE, FL 34285			Mailing Address 333 S. TAMiami TRAIL SUITE 174 VENICE, FL 34285		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2536 COUNTRYSIDE BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 6TH FLR			
City & State		City & State CLEARWATER FL		4. FEI Number 20-1608417	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
		33763	USA		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NORTH, HEATHER 2536 COUNTRYSIDE BLVD., SIXTH FLOOR CLEARWATER, FL 33763			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. <i>MGR</i> National Development Services		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTH, TIM 2536 COUNTRYSIDE BLVD., SIXTH FLOOR CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LLC 2536 Countryside Bld 6 th Floor Clearwater FL 33763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		TIMOTHY O. NORTH		3-12-07. 727-726-0726	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	