


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M05000000461
 1. Entity Name
AMERIFIRST NATIONAL FINANCIAL OF LEESBURG LLC



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

DO NOT WRITE IN THIS SPACE



02032006 No Chg-LLC CRZE083 (11/05)

4. FEI Number 20-1720647	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 L
2536 COUNTRYSIDE BLVD., 6TH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTH, TIMOTHY O 2536 COUNTRYSIDE BLVD., 6TH FLOOR CLEARWATER, FL 33763
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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 O NORTH** Date: **7/27-726-0726**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #