

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**



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

03-23-2007 90168 033 \*\*\*\*50.00

**60028118**



02272007 Chg-LLC CR2E083 (12/06)

|  |  |   |  |
|--|--|---|--|
| <b>DOCUMENT # M05000000909</b>   |  |  |  |
| 1. Entity Name<br>AMERIFIRST NATIONAL OF LAKELAND, LLC   |  |   |  |
| Principal Place of Business<br>2000 EAST EDGEWOOD DR. SUITE 109<br>LAKELAND, FL 33803  |  | Mailing Address<br>2000 EAST EDGEWOOD DR. SUITE 109<br>LAKELAND, FL 33803         |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |
| Suite, Apt. #, etc.  |  | 2536 COUNTRYSIDE BLVD<br>6TH FLR.   |  |
| City & State   |  | City & State<br>CLEARWATER FL   |  |
| Zip  | Country  | Zip   | Country  |
|  |  | 33763   | USA.   |
| 4. FEI Number<br>20-2180513  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$5.00 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent                                       |  |
| NORTH, HEATHER<br>2536 COUNTRYSIDE BLVD., 6TH FL<br>CLEARWATER, FL 33763   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |  |
| Filing Fee is \$50.00 Due by May 1, 2007   |  | Make check payable to Florida Department of State                                 |  |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. MGR. ADDITIONS/CHANGES  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>NORTH, TM<br>2536 COUNTRYSIDE BLVD., 6TH FL<br>CLEARWATER, FL 33763 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | National Development Services, LLC<br>2536 Countryside Bld 6 <sup>th</sup> Floor<br>Clearwater FL 33763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:    |  | 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 #  |  |